

DIGEST
OF THE
ANNUAL REPORTS
for the Year 1900,
OF THE
MEDICAL OFFICERS OF HEALTH
AND
INSPECTORS OF NUISANCES
IN THE
ADMINISTRATIVE
COUNTY OF WORCESTER.

BY
G. H. FOSBROKE D.P.H., CAMB.

County Medical Officer for Worcestershire,
Member of Sanitary Inspectors Examination Board,
Fellow and Examiner of the Sanitary Institute &c., &c,

Ebenr. Baylis & Son, Printers, 22, Cross, Worcester.

L.375.17.8.01.

ERRATA.

- Page 71—For “nett Death-rate 21.6” read “nett Death-rate 19.9.”
 „ 71 (last line)—For “one from Martley” read “one from Martley
 “Rural District.”
 Pages 93 and 97—After “diseases prevalent” add “Measles.”
 Page 109—In Table for “Hospital deaths from Fever, 2” read
 “Hospital deaths from Fever, nil.”

INDEX.

	PAGE
Acid Waste - - - - -	48
Annual Report—Printing of - - - - -	2
„ „ Date received - - - - -	2
„ „ Form of - - - - -	3
Appendix (Sewage Disposal—Report of Royal Commission)	179 to 190
Area of County and Districts - Table XVIII. - - -	4
Arsenical Beer - - - - -	49, 50
Births and Birth-rates - - - - Table XVIII. - - -	5
Byelaws - - - - -	47
Cancer - - - - - Table XVIII. - - -	30
Dairies, Cowsheds and Milkshops - - - - -	46
Deaths and death-rates - - - - Table XVIII. - - -	6, 7
Diphtheria - - - - - Table XVIII. - - -	14 to 16
Disinfection - - - - -	34
Excrement Disposal - - - - -	45
Factories and Workshops - - - - -	174
Fever - - - - - Tables XVIII. & XIX.	16 to 19
Hospitals, Isolation - - - - -	31 to 34
Housing of the Working Classes - - - - -	36 to 45
Infantile Mortality - - - - - Table XVIII. - - -	19 to 21
Laboratory - - - - -	49
Measles - - - - - Tables XVIII. & XIX.	9
Notifiable Diseases, Table of - - - - -	10, 11
Phthisis, Tuberculosis - - - - Table XIX. - - -	22 to 28
Population of County and Districts- Table XVIII. - - -	4
Reports, Printing of - - - - -	2, 3
Reports of Sanitary Inspectors - Table XX. - - -	173 to 178
Reports, Summaries of Medical Officers of Health for - - -	51 to 172
„ „ Bewdley Borough Urban District - - -	51
„ „ Bromsgrove „ „ - - -	55
„ „ „ North „ „ - - -	59
„ „ Droitwich Borough „ „ - - -	63
„ „ Evesham „ „ - - -	67
„ „ Kidderminster „ „ - - -	71

Reports, Summaries of Medical Officers of Health for—

„	„	Kings Norton & Northfield	Urban District						75
„	„	Lye and Wollescote	„	„	-	-			81
„	„	Malvern	„	„	-	-			85
„	„	Oldbury	„	„	-	-			89
„	„	Redditch	„	„	-	-			93
„	„	Stourbridge	„	„	-	-			97
„	„	Stourport	„	„	-	-			101
„	„	Bromsgrove	Rural District		-	-			105
„	„	Droitwich	„	„	-	-			109
„	„	Evesham	„	„	-	-			113
„	„	Feckenham	„	„	-	-			117
„	„	Halesowen	„	„	-	-			121
„	„	Kidderminster	„	„	-	-			125
„	„	Martley	„	„	-	-			129
„	„	Newent	„	„	-	-			133
„	„	Pershore	„	„	-	-			137
„	„	Rock	„	„	-	-			141
„	„	Shipston-on-Stour	„	„	-	-			145
„	„	Stow-on-the-Wold	„	„	-	-			149
„	„	Tenbury	„	„	-	-			153
„	„	Tewkesbury	„	„	-	-			157
„	„	Upton-on-Severn	„	„	-	-			161
„	„	Winchcomb	„	„	-	-			165
„	„	Yardley	„	„	-	-			169
Respiratory Diseases	-	-	-	-	-	-	-	-	29
River Pollution	-	-	-	-	-	-	-	-	47
Sanitary Inspectors, Reports.	Table	XX	-	-	-	-	-	173 to 178	
Sanitary Staff	-	-	-	-	-	-	-	-	1
Sanitary Work	-	-	-	-	-	-	-	-	34 to 50
Scarlatina	-	-	-	-	-				12, 13
Sewage Disposal—Appendix	-	-	-	-	-	-	-	-	35, 36
Slaughter-houses	-	-	-	-	-	-	-	-	46, 173
Smallpox	-	-	-	-	-				8, 9, 34
Special Reports	-	-	-	-	-	-	-	-	49
Tuberculosis, Phthisis	-	-	-	-	-	-	-	-	22 to 28
Vaccination	-	-	-	-	-	-	-	-	34
Water Supply	-	-	-	-	-	-	-	-	34
Zymotic Diseases	-	-	-	-	Tables XVIII. & XIX.	-	-	-	7, 8



*To the Sanitary Committee of the
Worcestershire County Council.*

MY LORDS AND GENTLEMEN,

I have the honor to present my twelfth Annual Report, which refers to the year 1900.

The Sanitary Staff of the County consists of 30 Medical Officers of Health and 31 Sanitary Inspectors; the only change which took place last year was that Mr. C. J. Gander succeeded Mr. Henry Gander as Sanitary Inspector for the Shipston-on-Stour Rural District.

Table I. shows the dates when the Reports of the Medical Officers of Health were received, and whether or not they were printed.

TABLE I.

Date when Report received.	District.	Report printed or unprinted.
1901.		
February 15	Halesowen Rural - - - -	Printed.
" 20	Kidderminster Borough - - - -	"
" 22	Kidderminster Rural - - - -	"
" 22	Oldbury Urban - - - -	"
March 5	Bromsgrove North Urban - - - -	"
" 8	Bewdley Borough - - - -	"
" 19	Winchcombe Rural - - - -	Unprinted.
" 23	Stourport Urban - - - -	Printed.
" 24	Malvern Urban - - - -	"
" 25	Newent Rural - - - -	Unprinted.
" 26	Upton-on-Severn Rural - - - -	Printed.
" 27	Tenbury Rural - - - -	Unprinted.
" 31	Evesham Borough - - - -	Printed.
" 31	Evesham Rural - - - -	"
" 31	Feckenham Rural - - - -	"
" 31	Pershore Rural - - - -	"
April 2	Bromsgrove Urban - - - -	"
" 3	Yardley Rural - - - -	"
" 5	Lye and Wollescote Urban - - - -	"
" 5	Rock Rural - - - -	Unprinted.
" 9	Martley Rural - - - -	Printed.
" 9	King's Norton and Northfield Urban - - - -	"
" 12	Stourbridge Urban - - - -	"
" 16	Redditch Urban - - - -	"
" 17	Shipston-on-Stour Rural - - - -	"
" 17	Stow-on-the-Wold Rural - - - -	Unprinted.
" 19	Bromsgrove Rural - - - -	Printed.
" 29	Droitwich Borough - - - -	Unprinted.
May 3	Droitwich Rural - - - -	Printed.
June 5	Tewkesbury Rural - - - -	Unprinted.

If this Table is compared with the corresponding one of last year it will, I am glad to say, show that the reports have been received earlier than formerly, and that only 2 (Droitwich Rural and Tewkesbury Rural) were sent in after the 1st of May.

In 1899 eight reports were unprinted; last year seven were sent in M.S., viz., those for Droitwich Borough and the Rural Districts of Newent, Rock, Stow-on-Wold, Tenbury, Tewkesbury and Winchcombe.

The above Authorities, I regret to say, never print the reports of their Medical Officers.

The Local Government Board this year issued a special Memorandum as to the framing of Annual Reports, which points out "that it is very desirable that the Annual Report should be printed for sake of facility of reference, and in order that a supply of copies may be available for distribution among the Town or District Councilors and other persons interested."

As several Medical Officers omit from their Reports important subjects referred to in the Board's Memorandum, I venture to suggest that it would render the Reports more complete and facilitate uniformity if they would discuss the subjects applicable to their Districts in the following order, viz. :

1. The physical features and general characteristics of the District.
2. Statistical data.
3. The extent, distribution and causes of Notifiable Disease.
4. Isolation Hospital accommodation and its sufficiency.
5. Disinfection.
6. Schools closed on account of disease.
7. Systematic inspection.
8. House accommodation, especially for the working class; its adequacy and fitness for habitation. Sufficiency of open space about houses and cleanliness of surroundings. Supervision over erection of new houses.
9. Sewerage and drainage; its sufficiency in all parts of the District. Condition of sewers and house drains. Method or methods of disposal of sewage. Localities where improvements are needed.
10. Excrement disposal; system in vogue; defects if any.
11. Removal and disposal of house refuse—whether by public scavengers or occupiers; frequency and method.
12. Water supply of the District and its several parts; its source (from public service or otherwise), nature (river water, well water, upland water, etc.), sufficiency, wholesomeness and freedom (by special treatment or otherwise) from risks of pollution.
13. Places over which the Council have supervision, e.g.,
(a) Lodging-houses, (b) Slaughter-houses, (c) Bake-houses, (d) Dairies, Cowsheds and Milk-shops, (e) Factories and Workshops, (f) offensive trades.
14. Nuisances; proceedings for their abatement; any remaining unabated.
15. Burial grounds.
16. Canal Boats.

17. Food unfit for human consumption.
18. Bye-laws.
19. River pollution.
20. Vans and Tents.
21. Fruit and Hop-pickers.
22. Special reports.
23. Legal proceedings.

The Memorandum states that . . . "with regard to such points "it should be remembered that these reports are for the information "of the Board and of the County Council, as well as of the Council "of the District, and that a statement of the local circumstances and "history of local sanitary questions, which may seem superfluous for "the latter may often be needed by the former bodies."

During the past year the L.G.B. entirely changed the Tables for statistical data; consequently as the new Tables were only received in December, 1900, some difficulty has arisen in filling them up.

Next year, however, such "surprise packets" will probably not be forthcoming, and should that be so, it is to be hoped that the Tables will be more completely filled in than was the case in some instances last year. This statement has reference more especially to the Local Government Board, Table I., cols. 9, 10 and 11, which should include, "deaths in Public Institutions," "deaths of non-residents registered "in District," and "deaths of residents registered beyond the Dis- "trict;" for without this information the nett death rates referred to in cols. 12 to 13 cannot be calculated.

I have not found it possible to reproduce these Tables in summarised form, but the new Tables, I have this year included, will, I hope, give practically the whole of the information asked by the Board.

AREA AND POPULATION.

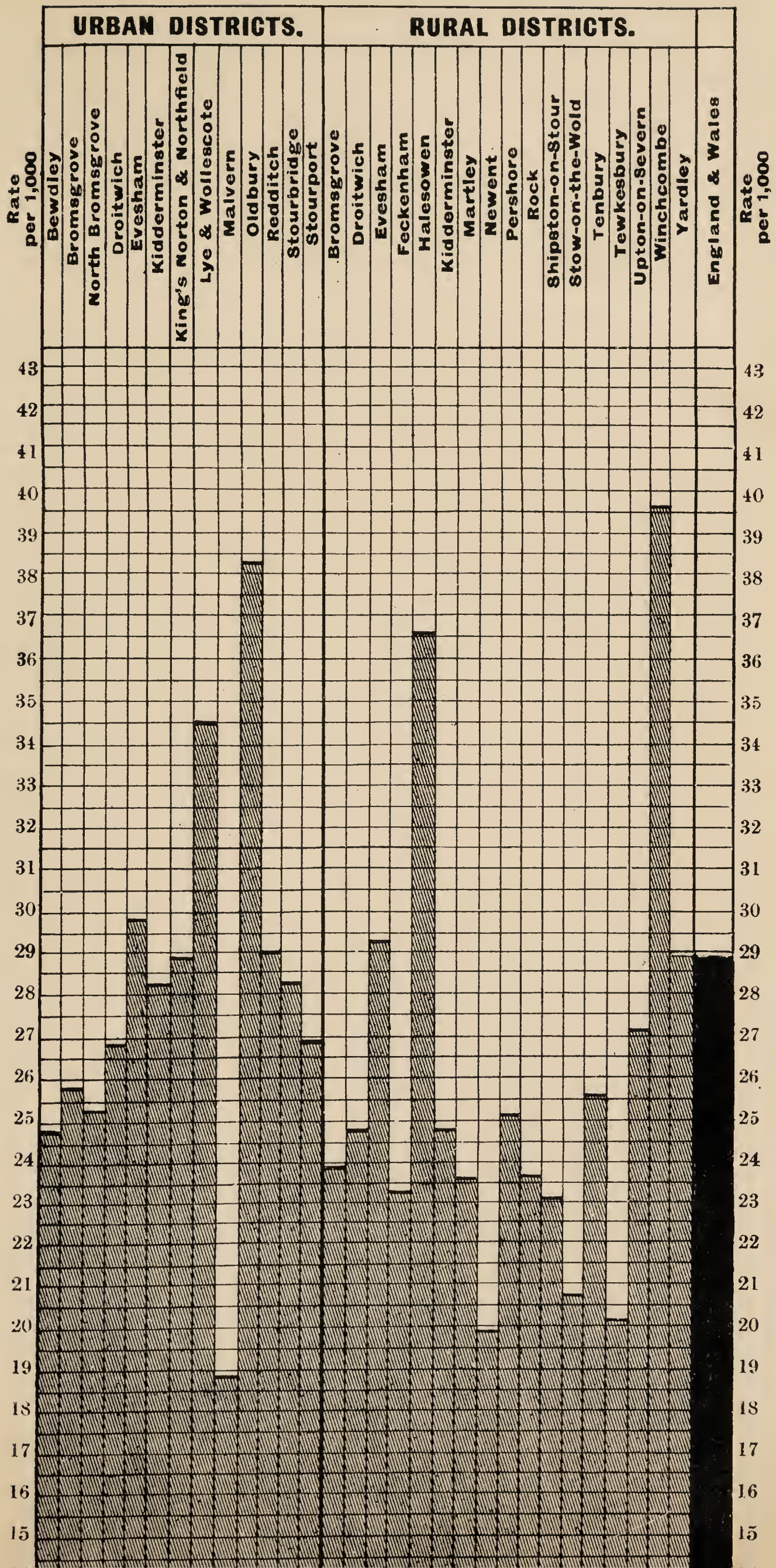
The area and population of the Administrative County are set forth in Table II.

TABLE II.

Districts.	Area in Statute Acres in 1900.	Population.			
		1891.	1901.	Increase 1891-1901.	Estimated by M.O.H. for 1900.
Urban (13) - - -	55,146	157,135	196,980	39,845	203,922
Rural (17) - - -	418,178	140,254	161,376	21,122	166,254
Totals (30) - - -	473,324	297,389	358,356	60,967	370,176

This Table shows that there has been an increase in the population of the Administrative County during the decade 1891-1901 of 60,967.

1900.
BIRTH-RATE.





VITAL STATISTICS.

Births.

Table III. compares the County Birth-rates and those of England and Wales during 1892-1900 inclusive.

TABLE III.

Districts.	1900.		1899	1898	1897	1896	1895	1894	1893	1892
	Rates calculated on									
	1901 Census.	Estima- ted Popu- lation.								
Administrative County	28.0	27.1	27.2	27.9	27.7	27.3	28.1	28.4	29.9	30.1
Urban Districts (13) -	28.6	27.6	27.8	28.4	28.4	28.1	29.2	29.0	31.4	31.5
Rural Districts (17) -	27.1	26.4	26.5	27.2	27.2	26.3	27.4	28.1	29.1	29.3
England and Wales -	28.4	28.9	29.3	29.4	29.7	29.7	30.3	29.6	30.8	30.5

The Birth-rate of England and Wales in 1900 (28.9) is said by the Registrar-General to be "lower than any other year on record"; and apparently the same may be said of the Administrative County of Worcester.

None of the County Birth-rates for 1900 given in Table III. are absolutely correct; as, on the one hand, the 1901 Census returns do not strictly apply to the period when the births were registered, and, on the other, the birth-rate calculated on the "estimated population" would be too low inasmuch as that "estimate" is too high.

The statement I made in my last Digest to the effect that it would not be surprising to learn that the rate of 1900 would be lower than that for 1899 does not seem to have been very wide of the mark.

The steady decline of the Birth-rate is, as I have remarked before, a matter for very serious consideration.

The annexed Diagram and Table IV. show that in 1900 the Birth-rate exceeded that of England and Wales (28.9) in the following Districts, viz.:

Urban—Evesham	...	...	...	29.8
Lye and Wollescote	...	...	...	34.5
Oldbury	...	...	...	38.3
Redditch	...	...	...	29.0
Rural—Evesham	...	...	...	29.3
Halesowen	...	...	...	36.6
Winchcombe	...	...	...	39.6

The Winchcombe District being so small, no doubt the high rate is an accidental occurrence.

DEATHS.

Table IV. compares the County Death-rates with those of England and Wales during 1892-1900 inclusive.

TABLE IV.

Districts.	1900.		1899	1898	1897	1896	1895	1894	1893	1892
	Rates calculated on									
	1901 Census.	Estima- ted Popu- lation.								
Administrative County -	15.8	15.3	14.4	15.0	15.1	14.6	15.6	14.2	16.1	18.1
Urban Districts (13) -	16.8	16.3	15.3	15.8	16.0	16.6	17.6	15.0	18.3	19.8
Rural Districts (17) -	14.4	14.1	13.4	13.9	14.5	13.3	14.4	13.8	14.9	17.8
England and Wales -	18.0	18.3	18.3	17.6	17.4	17.1	18.7	16.6	19.2	19.0

The Death-rate of England and Wales in 1900 is equal to the rate in the year immediately preceding, but 0.1 below the average rate in the ten years 1890-99.

The County Death-rate for 1900 calculated on the estimated population (15.3) is precisely the same as the average for the years 1892-99; but, for the reasons given in the paragraph on Birth-rates, the rates based on estimated population are somewhat too low.

The annexed Diagram shows that the Death-rates of the following Districts exceeded that of England and Wales (18.3), viz.:

Kidderminster Borough	...	...	21.6
Oldbury Urban District	...	...	21.5
Redditch Urban District	...	...	19.5
Pershore Rural District	...	...	18.4

With regard to Kidderminster Borough, Mr. Corbet states that excluding deaths in Public Institutions of persons belonging to other localities, the high Death-rate of 21.6 is reduced to 19.9, but he does not explain why even so, it is so high.

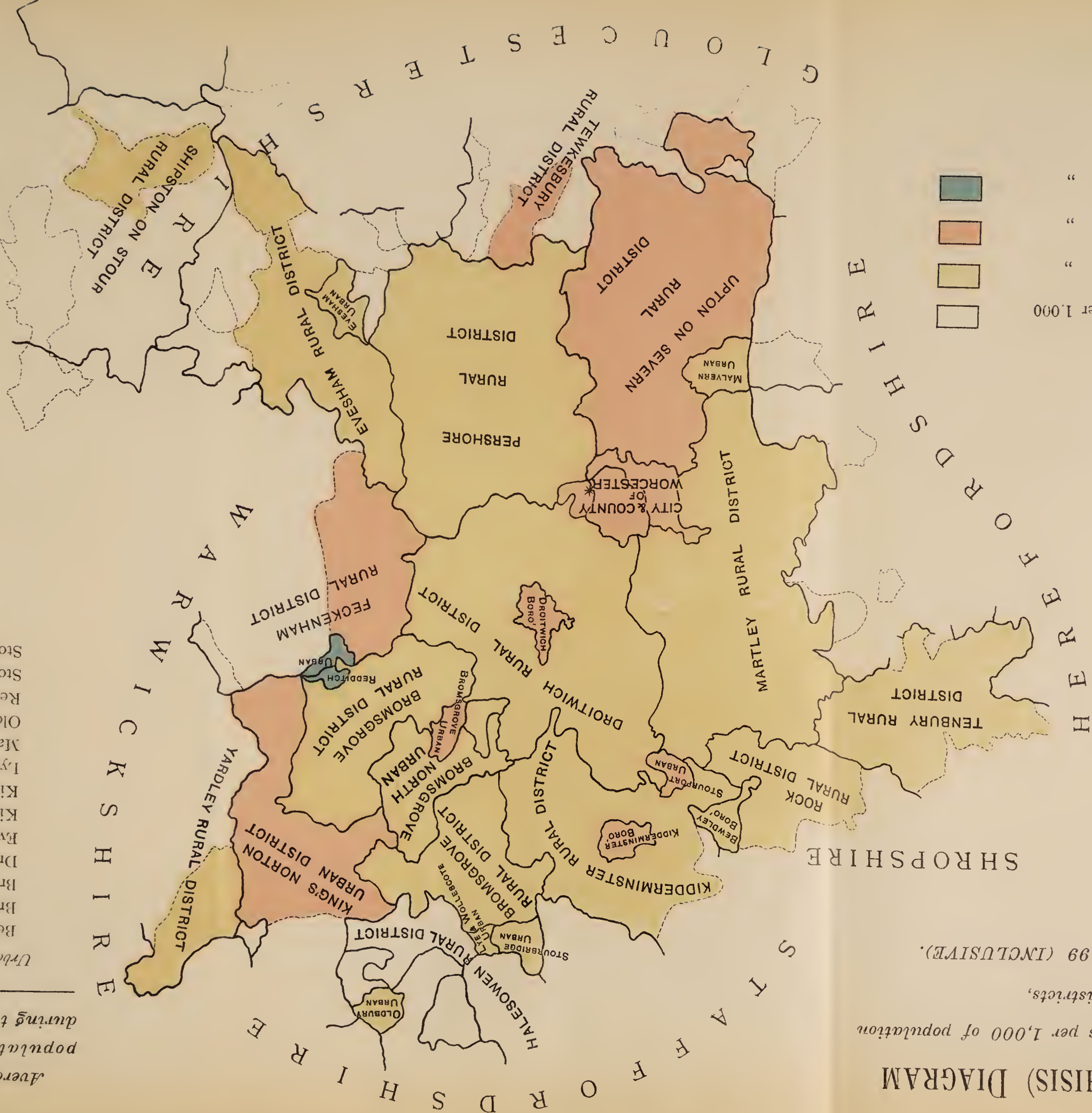
A high Death-rate in Oldbury District appears to be a permanent feature of the Vital Statistics; inasmuch as the average rate for the years 1890-99 was 21.0.

The Redditch rate for 1900 was above the average for the years 1890-99 (16.0).

CONSUMPTION (PHTHISIS) DIAGRAM

Showing the average Death Rates per 1,000 of population of Sanitary Districts,

FOR THE YEARS 1890-99 (INCLUSIVE).



* Rate for 1899.
REFERENCES.

Death Rates ... under .5 per 1,000
" " = .5 and " 1.0
" " 1.0 " 1.5
" " ... 1.5

Average Death Rates per 1,000 of population in Sanitary Districts, during the years 1890-99 (inclusive).

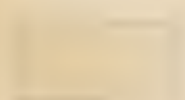
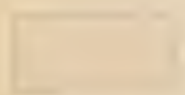
Urban Districts.			Rural Districts.		
Bewdley	...	0.9	Bromsgrove	...	0.8
Bromsgrove	...	1.0	Bromsgrove North	...	0.9
Droitwich Boro'	...	1.0	Droitwich Boro'	...	0.8
Evesham Boro'	...	0.8	Kidderminster Boro'	...	1.0
Kidderminster Boro'	...	1.0	King's Norton and Northfield	...	1.1
Lye and Wollescote	...	0.7	Malvern	...	0.8
Oldbury	...	0.7	Redditch	...	1.5
Stourbridge	...	0.7	Stourport	...	1.3
County Rate ... 0.92			England and Wales 1.43		

DIAGRAM

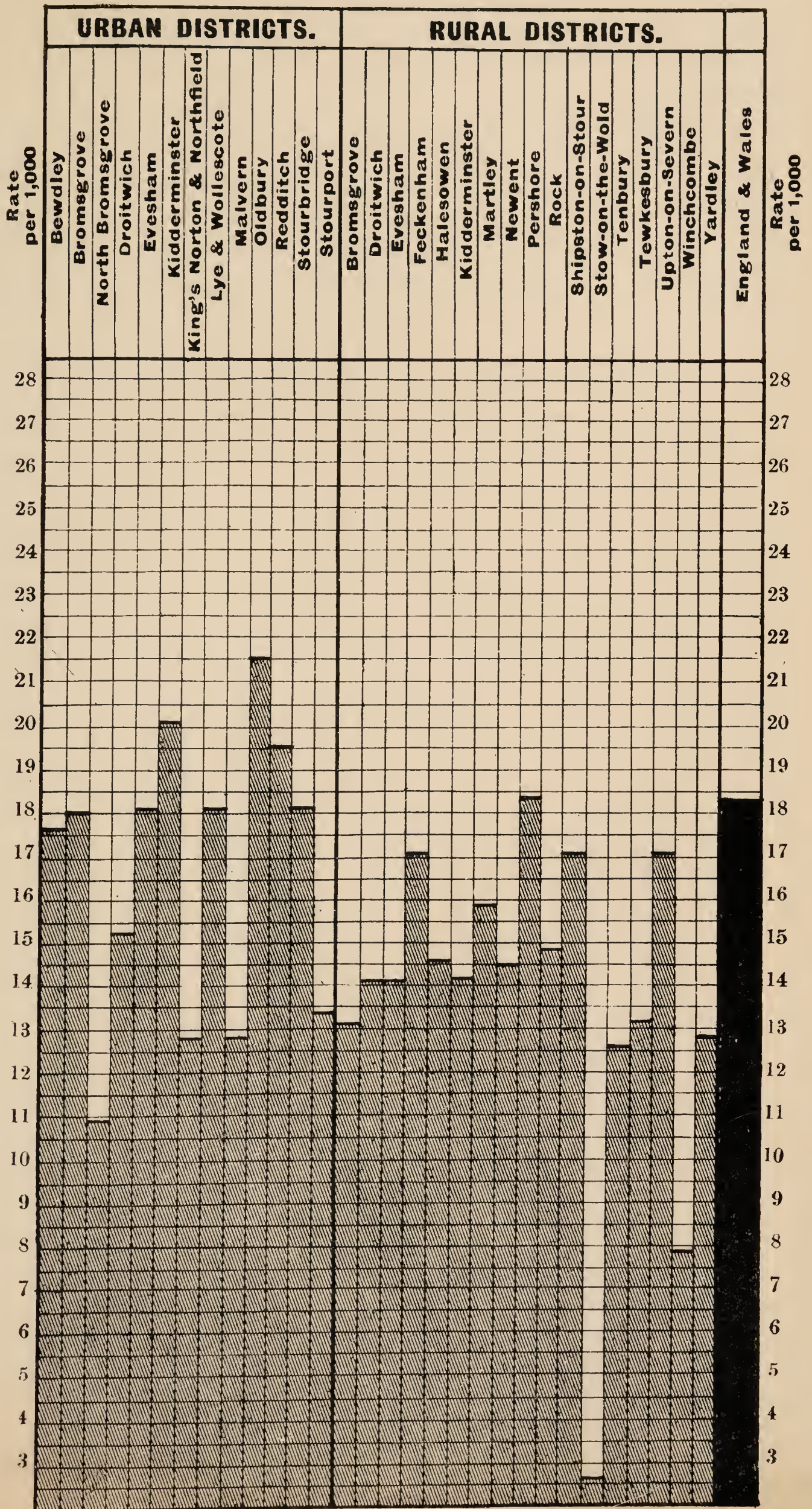
SHOWING THE AVERAGE GENERAL
FOR THE FIVE YEARS

PROPORTION

H
H
B
E



1900.
DEATH-RATE.





The Pershore mortality is above the average for the years 1891-1899 (16.2) and was due to an excessive number of deaths from lung affections.

The average Death-rates in the County for the years 1896-1900 inclusive, are illustrated by the first coloured map which I have prepared, showing the Districts which have

Mortalities not exceeding ...	...	14	per 1,000
„ of 14 and not exceeding		17	„
„ of 17	„	20	„
„ of 20	„	23	„

during that period.

ZYMOTIC DISEASES.

The “Zymotic Death-rate” of the Registrar-General includes not only deaths from Whooping Cough, Measles, Diphtheria, Scarlet Fever and Smallpox, but also Diarrhœa, and to my mind is an undesirable classification, as all cases of Diarrhœa are not “Zymotic.” On receipt of the new Death Tables issued by the L.G.B., I wrote Dr. Tatham, the Chief of the Statistical Department of the Registrar-General’s Office, asking his opinion as to what diseases should be grouped in the “Zymotic Death-rate,” and whether all deaths from “Diarrhœa” and “Enteritis” (as defined by the L.G.B. Tables) should be included in that Death-rate? As his reply is instructive, I publish it “in extenso.”

It should be noted that Dr. Tatham gives only “his personal opinion.”

[COPY].

General Registry Office,
Somerset House, 7th Jan. 1901.

Dear Mr. Fosbroke,

Your letter of the 4th inst., raises a question of great importance. The practise of grouping the so-called common infectious diseases under the head of the “seven Zymotics” is one which has certainly the sanction of long usage, but it is difficult to account for this fact, except on the ground of convenience. *As you ask for my personal opinion*, I have no hesitation in saying that I regard “epidemic diarrhœa” as very definitely a zymotic disease.

On the whole I think it is *better to give the mortality for each of the common infectious diseases separately, and the deaths from epidemic Diarrhœa also separately*. You will observe that we do this in the remarks accompanying our weekly tables, in the usual periodical return, copy of which I enclose.* If it is

necessary to group these diseases, it might suffice to speak of the former as the "Common infectious diseases," and of the latter simply as "Diarrhœal diseases." Although there is no doubt that a large proportion of the infantile deaths referred to Enteritis and Gastro-Enteritis are really cases of Epidemic Diarrhœa, still I am sure that it would not be right to class them all under the latter heading. There seems *therefore no alternative but that of excluding all deaths from Enteritis from the heading Diarrhœa*, unless the term "*Epidemic*" or "*Zymotic*" be prefixed.

I cordially approve of the advice given by the Medical Department of the Local Government Board in their note (c) at the back of Table IV., as to the forms of disease that should be included under the head of "Diarrhœa."

Trusting that these remarks may be helpful.

Believe me always,

Yours very sincerely,

(Signed) JOHN TATHAM.

* This weekly table shows the "Annual Rate per 1000 corresponding to the weeks deaths" from "all causes" and also a similar Annual rate for deaths from Smallpox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever and Diarrhœa collectively.

It is to be noted that "Dr. Tatham advises that it is better to give "the mortality for each of the common infectious diseases separately "and the deaths from Epidemic Diarrhœa also separately," which plan, you will remember, has been adopted in this County for some years past.

Under these circumstances, I do not propose to discuss the County "Zymotic Death-rate," but prefer to allude to the "mortality of each "of the common infectious diseases separately."

Table V. (see pages 10 and 11) shows the total number of notifiable cases and deaths and Hospital cases and Hospital deaths in each District during 1900.

SMALLPOX.

Once more I have the pleasure to report that no case of Smallpox occurred in the County during 1900. Indeed, since 1897, when 4 cases occurred at Oldbury, Worcestershire has been quite free from this disease.

This fortunate state of things should not, however, induce Local Authorities to forget the necessity for securing isolation accommodation for Smallpox, inasmuch as it may crop up at any moment.

I may remind you that the hospital accommodation for Smallpox in the County, as a whole, is not what it ought to be, and that you have instructed me to report upon it.

Until the Isolation Hospitals Bill now before Parliament is law—as there is great probability of coming about this Session—my Report is, with the consent of the Chairman, withheld.

MEASLES.

Table VI. gives the numbers of deaths, and the Death-rate in the County during each of the years 1891-1900 inclusive, and compares the latter with the corresponding rates of England and Wales.

TABLE VI.

		1900	1899	1898	1897	1896	1895	1894	1893	1892	1891
Administrative County	No. of Deaths -	179	16	170	112	132	18	135	49	77	61
	Rate per 1,000 -	.40	.04	.40	.3	.40	.05	.40	.10	.25	.20
England & Wales-	Rate per 1,000 -	.39	.31	.40	.40	.50	.36	.30	.30	.44	.30

In large communities Measles usually assumes epidemic proportions at intervals of from 2 to 4 years, and in Rural Districts the intervals are generally more irregular and longer. The above Table shows that the disease was epidemic in the County during 1894, 1896, 1897, 1898, and 1900, and that every alternate year since 1894 the mortality has equalled .40 per 1000. The average mortality for the County during the years 1891-1900 was .22 as compared with .41, the corresponding rate for England and Wales. The infection of Measles is most freely given off during the early stages of the disease, in fact, before the characteristic rash developes; hence it readily spreads by Schools.

It is rarely scheduled as a notifiable disease, but the Corporations of Kidderminster and Evesham, and Malvern Urban District Council rendered it notifiable in their Districts for a few years. With the consent of the L.G.B., however, the Kidderminster Corporation rescinded that decision in 1895, and quite lately the Evesham Corporation and Malvern Council have adopted the same course.

The Evesham and Malvern Authorities did not arrive at that conclusion, until I had laid before them reports containing statistics bearing on the subject; and the conclusion then arrived at was that notification does not *under present methods of sanitary administration* avert epidemics, as I, with others, was at one time inclined to believe.

Measles was prevalent in almost every District in the County in 1900.

TABLE V.

Urban.

District.	Population Census 1901.	Smallpox.			Measles.			Scarlatina.			Diphtheria.			Membranous Group.			Fever.			Erysipelas.			Puerperal Fever.		
		Cases.	Deaths.	Hospital Cases.	Cases.	Deaths.	Hospital Deaths.	Cases.	Deaths.	Hospital Cases.	Cases.	Deaths.	Hospital Cases.	Cases.	Deaths.	Hospital Cases.	Cases.	Deaths.	Hospital Cases.	Cases.	Deaths.	Hospital Cases.	Cases.	Deaths.	Hospital Deaths.
Bewdley Borough	-					1		2									4								
Bromsgrove	2,866					5		11	4								3	1					1		
North Bromsgrove	8,416					2		22	1								2					1			
Droitwich Borough	5,687							8									3								
Evesham Borough	4,163																8	2							
Kidderminster Borough	7,101					73		2									20	1							
King's Norton & N'thfield	24,692					16		40	2	63							45	6							
Lye and Wollescote	57,120					22		126	2	119							21	2							
Malvern	10,972					27		68	5	8							9	1							
Oldbury	16,448					41		88	4	16							22	8							
Redditch	25,191					8		73		52							10	1							
Stourbridge	13,493					4		74	3	11							25	3							
Stourport	16,302							17		11															
Totals	4,529					117		550	21	279							172	25							
	-					133		550	21	279							16	5							
	-					196,980																			

(a) 3 of these occurred among patients brought into Hospital from outside district.

(b) Including 3 from the Infirmary, 9 from the Kidderminster R.D., 2 from Droitwich R.D., and one from Martley R.D.

(c) These do not include deaths in Public Institutions.

SCARLATINA.

Table VII. compares the Death-rates and number of cases notified from Scarlatina in the County during each of the years 1893-1900 inclusive, and also the corresponding rates for England and Wales.

TABLE VII.

Districts.		1900	1899	1898	1897	1896	1895	1894	1893
Urban (13)	Death Rate per 1000 -	·10	·07	·11	·12	·06	·06	·05	·10
	Cases - - - -	550	431	747	673	623	464	581	548
	Deaths - - - -	21	13	22	17	8	8	6	11
	Hospital Cases -	279	252	269	155	161	105	241	183
	„ Deaths -	4	5	9	4	-	-	4	12
Rural (17)	Death Rate per 1000 -	·01	·08	·11	·13	·14	·17	·10	·10
	Cases - - - -	299	579	1022	1074	1470	1460	957	1148
	Deaths - - - -	2	14	17	26	28	34	23	17
	Hospital Cases -	153	298	468	561	714	357	303	462
	„ Deaths -	1	6	3	12	8	6	6	3
Administrative County (30)	Death Rate per 1000 -	·06	·07	·11	·12	·11	·13	·10	·10
	Cases - - - -	849	1010	1769	1747	2093	1924	1538	1696
	Deaths - - - -	24	27	39	43	36	42	29	28
	Hospital Cases -	432	550	737	716	875	462	544	645
	„ Deaths -	5	11	12	16	8	6	10	15
England & Wales -	Death Rate per 1000 -	·12	·12	·11	·14	·18	·14	·10	·20

Complete notification of Scarlatina came into force in this County on January 1st, 1898, and consequently more persons were probably attacked prior to that date than Table VII. indicates.

Even so, however, it is obvious that there has been a steady decline in the prevalence and mortality of the disease in recent years.

Table V. (page 10) shews the local prevalence of Scarlatina in 1900.

None of the outbreaks were of etiological interest, direct infection being the only channel of distribution. I have recently presented Special Reports on the outbreaks at Stourbridge and Oldbury which confirm this statement.

Table VIII. shows the percentage of Scarlatina cases removed to Hospital.

TABLE VIII.

District.	1900.			1899.			1898.		
	Total No. of cases notified.	Hospital cases.	Per- centage of Persons treated in Hospital.	Total No. of cases notified.	Hospi- tal cases.	Per- centage of Persons treated in Hospital.	Total No. of cases notified.	Hospital cases.	Per- centage of Persons treated in Hospital.
Evesham Urban	2	2	100	15	15	100	5	5	100
Evesham Rural	7	7	100	13	11	84	11	11	100
Pershore Rural	14	11	78	61	52	85	137	134	97
Tewkesbury Rural	3	3	100	-	-	-	4	4	100
Malvern Urban	19	16	84	45	38	84	104	95	91
Feckenham Rural	4	4	100	64	55	85	65	60	92
King's Norton Urban	126	119	94	88	63	71	151	106	70
Kidderminster Urban	40	37	92	105	76	72	30	10	33
Yardley Rural	81	52	64	68	45	66	179	124	68
Upton-on-Severn Rural	14	8	57	78	44	56	74	39	52
Droitwich Rural	41	15	36	98	29	29	86	12	13
Droitwich Urban	8	6	74	30	14	46	7	4	57
Bromsgrove North Urban	22	13	59	17	11	64	11	7	63
Bromsgrove Urban	11	4	36	23	20	86	22	11	50
Stourport Urban	17	11	64	6	3	50	18	12	66
Lye and Wollescote Urban	68	8	11	-	-	-	34	4	10
Kidderminster Rural	23	9	39	17	6	35	9	3	33
Halesowen Rural	26	15	57	66	25	37	157	29	18
Shipston-on-Stour Rural	1	-	-	32	20	61	90	22	24
Bromsgrove Rural	46	24	52	33	7	21	108	25	23
Stourbridge Urban	74	11	14	28	4	14	46	2	4
Redditch Urban	73	52	63	10	8	42	212	13	6
Martley Rural	10	5	50	38	4	10	70	5	6

This Table shews that removal of Scarlatina cases to Hospital is general, and evidently such treatment is becoming very popular. Last year 50.8 per cent. were treated in Hospital, as compared with 54.4 in 1899 and 45.1 in 1898. In connection with the per-centages for 1900, however, it should be borne in mind that 88 of the cases occurred in the Oldbury and 23 in the Tenbury Districts, and that the Local Councils have no isolation accommodation.

DIPHTHERIA.

Table IX. shews the number of cases and deaths, and Hospital cases and Hospital deaths, from Diphtheria, and Death-rate per 1000, in the Urban and Rural Districts collectively, and Administrative County during the years 1893-1900 inclusive, and also the corresponding rates for England and Wales.

TABLE IX.

Districts.		1900	1899	1898	1897	1896	1895	1894	1893
Urban (13)	Death Rate per 1000 -	·20	·19	·11	·09	·14	·05	·10	·10
	Cases - - -	248	245	128	87	137	57	51	56
	Deaths - - -	51	39	21	13	18	6	9	11
	Hospital Cases -	-	2	5	2	2	1	5	-
	„ Deaths -	-	-	3	-	-	-	-	-
Rural (17)	Death Rate per 1000 -	·14	·08	·11	·12	·20	·20	·04	·10
	Cases - - -	101	119	112	233	228	143	118	152
	Deaths - - -	20	14	17	25	42	40	9	26
	Hospital Cases -	3	7	14	12	-	-	1	1
	„ Deaths -	-	-	-	1	-	-	-	-
Administrative County (30)	Death Rate per 1000 -	·20	·14	·11	·11	·10	·14	·06	·10
	Cases - - -	349	364	240	320	365	200	169	208
	Deaths - - -	71	53	38	38	60	46	18	37
	Hospital Cases -	3	9	19	14	2	1	6	1
	„ Deaths -	-	-	3	1	-	-	-	-
England & Wales	Death Rate per 1000 -	·29	·29	·20	·24	·20	·25	·20	·20

It is usually believed that during later years there has been a gradual increase of Diphtheria throughout England and Wales; but, bearing in mind that the notification of Diphtheria has been complied with since January, 1898, it does not appear that such has been the case in Worcestershire, taken as a whole. But there has evidently been an increase of the disease in the Urban Districts collectively. The County mortality of Diphtheria apparently was greater in 1900 than in either of the seven preceding years.

Table V. shews that the principal outbreaks occurred in the Borough of Kidderminster, King's Norton, and Redditch Urban Districts, and in Droitwich Rural Districts.

Kidderminster Borough—(75 cases, 17 deaths).

From a Special Report Mr. Corbet made, it appears that the worst outbreak he had to contend with in 1900 was connected with

St. John's Infant School; and although he does not consider it arose at the School, he had little doubt that the School was the cause of spreading the disease. Defective drainage was discovered and promptly rectified, after which no case occurred among the scholars.

King's Norton Urban District—(85 cases, 12 deaths).

66 of the 85 cases occurred at King's Heath, and Dr. Hollinshead came to the conclusion that the outbreak was mainly due to children attending the Local Board School, but was not in any way associated with the sanitary condition of that Institution.

Dr. Hollinshead very pertinently remarks in his Report:—

“All my investigations confirm my first opinion respecting this disease, viz., that the disease was kept alive by cases not known to me, and who never came under the notice of a medical man, and who stay away from School for a few days and return again after a short illness of sore throat, or as the parents call it, an ordinary cold, while all the time the child or children have had a mild form of Diphtheria, and while they themselves suffer little, are capable of transferring the disease in a severe form to a child more susceptible; and so the disease may go on increasing in virulence from a simple case such as above described.”

Redditch Urban District—(46 cases, 15 deaths).

As these cases have been referred to me for Special Report, and my enquiries are still incomplete, I make no reference to them.

Droitwich Rural District—(23 cases, 8 deaths).

Dr. Swete mentions, that 14 cases (5 deaths) of the 23 notified occurred at Dodderhill, and that the epidemic was due to want of ventilation and the state of the privies at Rashwood Schools. This view was, however, challenged by the School Board.

Diphtheria being due to a specific and highly infectious microbe, this influence of Schools in spreading the disease is not to be wondered at; in fact, it was strongly emphasized by a great authority on such matters—the late Sir Richard Thorne.

The association of epidemics of diphtheria with antecedent prevalence of “sore throat,” too, is often well marked.

Diphtheria therefore being a highly infectious malady, the natural sequence is to carefully isolate those attacked by it, to carry out efficient disinfection of all articles that may have become infected, and to pay particular care to local sanitary requirements.

Although this is the case, and Diphtheria is so much more fatal than Scarlatina (compare Tables VII. and IX.), it will be realised, on reference to Table V., that the Local Authorities in the County isolate Scarlatina patients more freely than those attacked by Diphtheria.

The Evesham and Malvern Urban, and Feckenham and Droitwich Rural District Councils do, however, isolate Diphtheria patients; and the Bromsgrove, Bromsgrove North, Droitwich, Redditch, Stourbridge and Lye Urban, and Bromsgrove and Halesowen Rural District Councils will have the means for doing so when the respective Hospitals now in course of erection are finished.

The King's Norton Council, however, hesitate to admit Diphtheria patients to their hospital in spite of the fact that their District, which is a wealthy and important one, has lately been prone to the disease. Consequently the County Council are now urging them to do so.

As to treating patients with serum, it is unnecessary to allude, as the treatment is so thoroughly effective and generally adopted.

I am glad to be in a position to say that the facilities the County Council offer for bacteriological tests to be made at the County Laboratory, have induced several Authorities to pay for such investigations.

FEVER.

Table X. shows the number of cases and deaths, and Hospital cases and deaths, from Fever, and Death-rate per 1,000 in the Urban and Rural Districts collectively, and Administrative County during the years 1893-1900 inclusive, and also the corresponding rates for England and Wales.

TABLE X.

Districts.		1900	1899	1898	1897	1896	1895	1894	1893
Urban (13)	Death Rate per 1000 -	·12	·14	·20	·14	·15	·10	·08	·10
	Cases - - -	172	214	347	101	93	75	39	66
	Deaths - - -	25	28	42	20	20	12	9	14
	Hospital Cases -	16	39	29	4	-	1	-	-
	„ Deaths -	5	2	4	-	-	-	-	-
Rural (17)	Death Rate per 1000 -	·07	·10	·20	·05	·07	·05	·04	·09
	Cases - - -	60	95	131	67	73	97	93	144
	Deaths - - -	12	17	15	11	14	9	8	17
	Hospital Cases -	4	29	30	3	17	18	15	15
	„ Deaths -	-	4	6	-	-	2	2	-
Administrative County (30)	Death Rate per 1000 -	·10	·12	·20	·09	·11	·07	·05	·10
	Cases - - -	230	309	478	168	166	172	132	210
	Deaths - - -	37	45	57	31	34	21	17	31
	Hospital Cases -	20	68	59	7	17	19	15	15
	„ Deaths -	5	6	10	-	-	2	2	-
England & Wales	Death Rate per 1000 -	·17	·20	·30	·16	·17	·17	·10	·60

As Table X. seems to show that there was a sudden rise of Fever in 1898, I would remind you once more that the notification of that disease only became complete in Worcestershire in that year (Jan., 1898). Since that time, however, the numbers of cases and the mortality have gradually declined.

The County Death-rates from Fever, given in Table X., compare favourably with the corresponding ones of England and Wales.

Table V. shews that 20 cases (1 death) were notified in Kidderminster Borough, 45 cases (6 deaths) in King's Norton and Northfield, 21 cases (2 deaths) in Lye and Wollescote, 22 cases (8 deaths) in Oldbury, and 25 cases (3 deaths) in Stourbridge, Urban Districts, and 28 cases (7 deaths) in Yardley Rural District.

Kidderminster Borough (20 cases, 1 death).

Mr. Corbet mentions that the 21 cases of Typhoid Fever occurred in 19 houses. Except in one instance he offers no explanation as to their causation.

King's Norton and Northfield Urban District
(45 cases, 6 deaths).

Of the 45 cases, 21 belonged to Rubery Asylum and Stirchley Street, and Dr. Hollinshead says that the disease did not assume epidemic form neither was it due to any sanitary defect.

Lye and Wollescote Urban District (21 cases, 2 deaths).

Although 2 deaths only were registered in this District last year, in reality 5 deaths are chargeable to it, as 3 patients removed to the Kingswinford Hospital outside the District succumbed to the complaint. Dr. Darby says that with the gradual substitution of the various forms of W.C.'s for the old midden system he anticipates that the number of cases of Typhoid Fever will be reduced.

Oldbury Urban District (22 cases, 8 deaths).

Dr. Buttery says that there have been fewer cases notified than for some years past, and is of opinion that this is due in a great measure to the improved condition of houses and yards as well as to the flushing of sewers generally.

Stourbridge Urban District (25 cases, 3 deaths).

Dr. Eagar remarks that no special cause could be assigned for these cases, although the drains and ashpits were in some instances defective.

Yardley Rural District (28 cases, 7 deaths).

Dr. Wilson says that—"Of the 7 deaths attributed to Typhoid Fever, 3 occurred in various parts of Hay Mill, 2 in Greet, and 2 in Sparkhill, but the only localities in which the disease threatened to spread were in some low-lying cottages in Station Road, Stechford, where 4 cases occurred in June, 1 of which proved fatal; and 5 cases in Albion Road, Greet, in September, all of which recovered. As regards the 4 Stechford cases, which cropped up in three different houses, they were found to be associated with defective drainage and polluted well water; but in respect to the Albion Road cases, in Greet, which also occurred in three separate houses during September, I had reason to believe that there had been one or two doubtful cases in the street previously, and as the street consists of jerry-built houses erected before building bye-laws came in force, and is inhabited by a poor and by no means over cleanly population, there were strong grounds for fearing that there might be a serious outbreak. As reported at the time, it was essential that the promptest precautions should, therefore, be taken, namely, thorough scavenging and disinfection of all premises, thorough flushing and disinfection of all closets and drains, and of the street sewer, and, on representation to the Joint Hospital Committee, a block was prepared as soon as possible by re-arranging Scarlet Fever

“patients at the Isolation Hospital, Solihull. Fortunately, however, there was no further spread of the disease, and the accommodation made available at the Hospital was not required. In addition to the 7 deaths recorded, 21 other cases of the disease were notified, but all of them, with the exception of the Stechford and Albion Road, Greet, cases, were scattered cases occurring in various parts of the district and at various periods of the year, and though some of them were found to be associated with insanitary conditions, the precise cause, in respect to most of them, was obscure or doubtful, and many of them were of a mild type.”

In relation to Typhoid Fever, I would urge the expediency of applying “Widal’s Test” much more generally than is now the case, and as soon as there is a suspicion that a patient is suffering from the disease; inasmuch as it settles beyond dispute the true nature of the illness, and enables requisite precautions to be quickly taken. For that reason, I think Local Authorities might, with advantage to the public, offer to pay for such Tests, especially as the fees charged at the County Laboratory are so small.

INFANTILE MORTALITY.

Table XI. compares the rates of Infantile Mortality in the Urban and Rural Districts collectively and the administrative County with those of England and Wales for the years 1894-99 inclusive.

TABLE XI.

Districts.	Deaths of children under 1 year per 1,000 registered Births.					
	1900.	1899.	1898.	1897.	1896.	1895.
Urban (13) - - -	153	151	156	164	168	161
Rural (17) - - -	115	117	115	127	122	112
Administrative County (30)	136	136	138	143	140	131
England and Wales - -	154	163	161	156	148	161

Table XI. shows that the County Infantile Mortality in 1900 was the same as in 1899 and lower in these years than in either of the four preceding ones.

The mortality of the Rural Districts collectively is only slightly higher than the standard of a healthy district (100); but a different state of things obtains in the Urban Districts collectively, where the rate amounted to 153 in 1900, and 151, 156 and 164, 168 and 161 in the five preceding years.

The collective Urban Infantile Mortality for 1900 (153) was exceeded last year by the Oldbury (223), Redditch (198), and Stourbridge (164) Urban District Rates. This is no exception to the rule; and the same also may be said of the Lye and Wollescote Urban Rate, and the Halesowen Rural Rate.

I have so often explained that the excessive infantile mortalities of these Districts are due to bad feeding and management of infants, often associated with insanitary houses, that it is unnecessary to enter into detail now. To grapple with such evils, I need scarcely remind you, that by aid of a grant given by the Technical Education Committee you established Lady Health Missioners in the following places, viz. :—

In Stourbridge Urban District on Oct. 1st, 1897.

In Lye and Wollescote Urban District on June 23rd, 1900.

In Redditch Urban District on February 6th, 1899.

In Halesowen Rural District on March 1st, 1899.

It is much to be regretted, considering the respective excessive infantile mortality of the District, so little local interest was taken in the Health Missioner's work at Redditch that her services had to be withdrawn after a few months' trial; and that the offer to send a similar lady to Oldbury was not accepted.

The Reports of your Health Missioners shew that their visits are welcomed by the class for whose benefit they are intended, and that a large amount of really good work is being done.

Not only do my periodical interviews with the Health Missioners enable me to unhesitatingly confirm that opinion, but the following statements of the Local Medical Officers do so too.

Stourbridge Urban District.

Dr. Eagar says :—"The Health Missioner paid 802 "
"visits, and she reports that improper feeding is much "
"diminished."

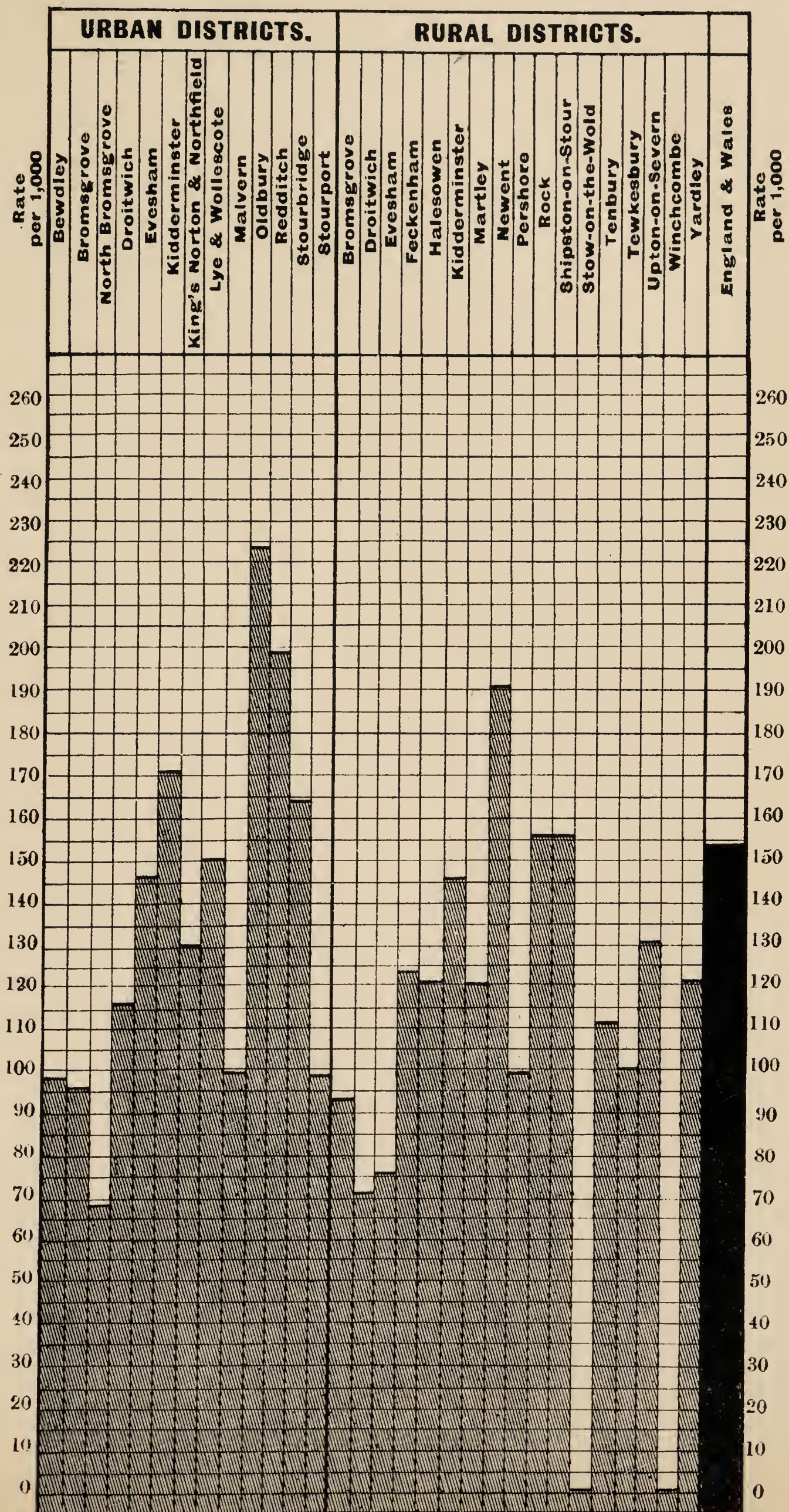
Lye and Wollescote Urban District.

Dr. Darby mentions that :—"In response to the re- "
"quest made by the Urban Council to the County Council "
"the latter body appointed a Health Missioner to the District."
"The first person sent expressed herself as 'not the right' "
"person for the work here,' and resigned."

"Her successor—Miss Long—appears to have ingrati- "
"ated herself with the people, and is, I believe, doing good "

1900.

INFANT MORTALITY RATE PER 1000 BIRTHS.



“work. In fact, the above shown reduction in the infant”
 “mortality is difficult to account for except upon the score of”
 “her influence and teaching, especially when we consider that”
 “two epidemics, i.e., Scarlet Fever and Measles, visited us”
 “this year.”

“ Streets visited by the Health Missioner ...	...	36 ”
“ Visits paid to January 25th, 1901 ...	...	1177 ”
“ Addresses given to Mothers’ Meetings, etc. ...	...	5 ”
“ Infants under 1 year visited ...	...	178 ”

Halesowen Rural District.

Dr. Brett-Young states that:—“ The Health Missioner,”
 “ Miss Simons, has, at (his) suggestion, spent a large part of ”
 “ her time in those parts of the District in which disease has ”
 “ been most prevalent, endeavouring to help parents of child- ”
 “ ren who from ignorance and carelessness were unable to do ”
 “ what was necessary for them. Whilst on the subject of the ”
 “ Health Missioner work, I should like to say that it is not ”
 “ reasonable to expect immediate results, but I am confident ”
 “ that it is a desirable educational agency in health matters,”
 “ especially as bearing on the treatment of children, and will ”
 “ eventually bear fruit.”

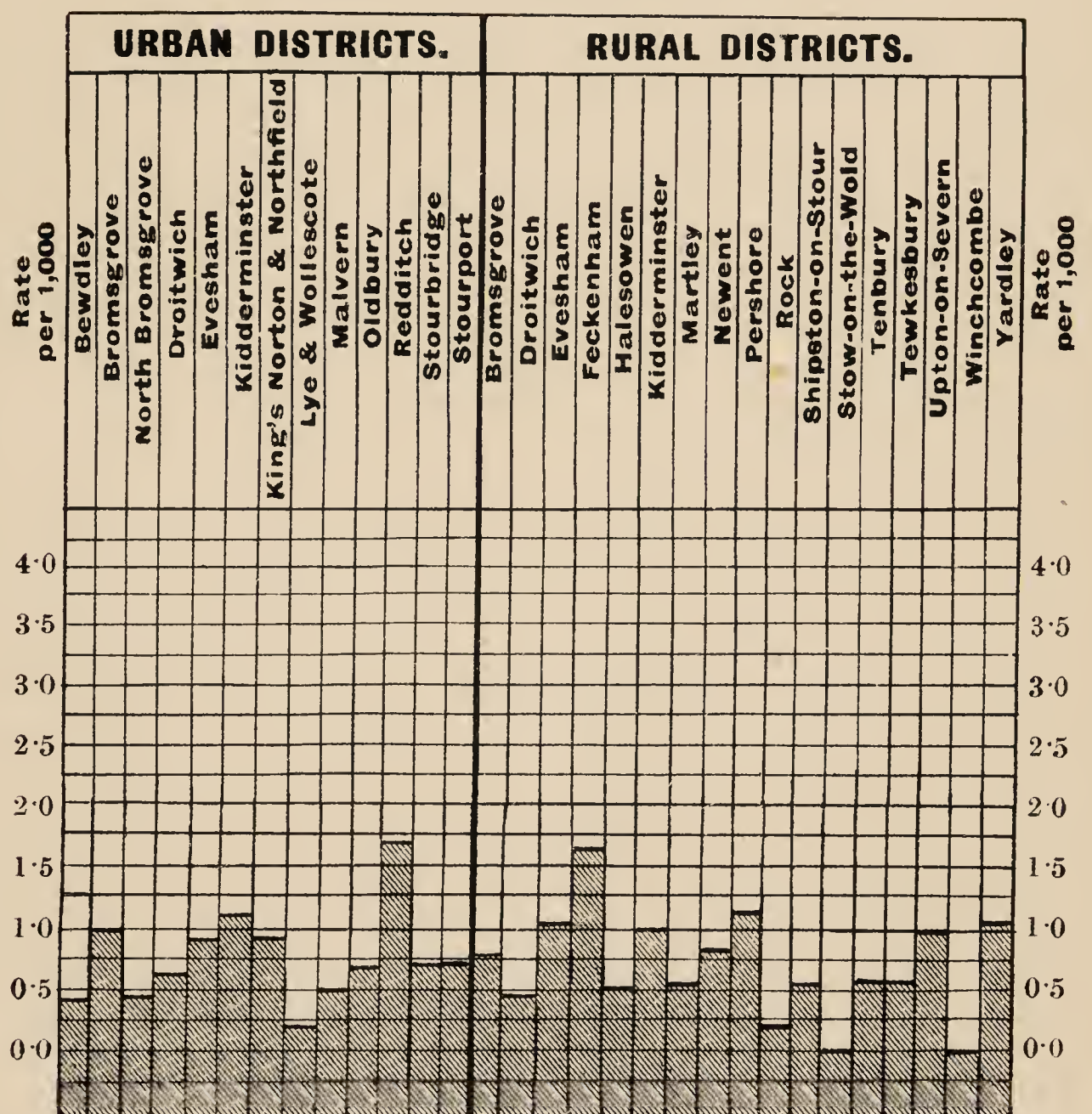
PHTHISIS.

Table XII. and Diagram show the "Phthisis" Death-rates of the County and of the respective Districts during the years 1891-1900 inclusive.

TABLE XII.

Districts.	Average for years 1891 to 1900.	Rate per 1,000 of Population.									
		1900.	1899.	1898.	1897.	1896.	1895.	1894.	1893.	1892.	1891.
<i>Urban.</i>											
Bewdley Borough	0.9	0.3	0.3	0.6	6	.6	1.3	1.0	1.0	1.0	2.1
Bromsgrove	1.1	1.0	0.6	0.8	1.2	1.3	1.5	.1	1.9	.9	2.1
Bromsgrove North	0.7	0.3	0.5	0.3	.3	.3	1.3	1.3	1.2	1.2	.1
Droitwich Borough	1.0	0.6	0.9	0.7	1.4	1.6	.9	.5	1.7	1.5	.1
Evesham Borough	0.8	0.9	0.9	0.2	.6	.5	1.3	.6	1.1	1.8	.1
Kidderminster											
Borough	1.1	1.2	1.1	0.8	1.3	.9	1.5	.8	1.0	1.3	1.1
King's Norton and											
Northfield	1.2	0.9	0.8	1.0	1.1	1.1	1.1	1.7	1.0	1.5	1.1
Lye and Wollescote	0.5	0.2	0.6	0.7	1.2	.5	.8	.8	.5		
Malvern	0.8	0.5	0.7	1.0	.9	.9	1.8	.8	1.1	.1	
Oldbury	0.7	0.7	0.4	0.9	.6	.8	1.2	.6	.6	.8	
Redditch	1.5	1.7	0.9	1.5	1.6	1.4	1.7	1.6	1.8	1.6	1.1
Stourbridge	0.7	0.7	0.5	0.4	1.0	.9	.7	.8	1.0	.6	
Stourport	1.1	0.7	0.9	0.9	1.0	1.1	1.4	.8	1.9	1.7	1.1
Urban death rate	0.9	0.7	0.7	0.7	0.9	0.8	1.2	0.8	1.1	1.1	1.1
<i>Rural.</i>											
Bromsgrove	1.1	0.8	1.1	1.3	1.0	.7	.8	.8	1.0	2.3	1.1
Droitwich	0.7	0.5	0.7	1.1	.8	.9	.9	.4	.7	1.2	.1
Evesham	0.8	1.2	0.8	0.4	.4	.9	.7	.5	.8	1.9	.1
Feckenham	1.1	1.7	0.6	0.6	.6	1.0	1.7	1.9	1.2	1.7	.1
Halesowen	0.4	0.5	0.5	0.5	.09	.4	.6	.5	.5	.4	
Kidderminster	0.7	1.0	0.7	0.7	.5	.4	.4	.8	1.0	.7	
Martley	0.7	0.6	0.6	1.2	.3	.7	.6	.6	.8	.9	
Newent (part)	0.7	0.8	0.7	1.5	1.5	0.0	.7	0.0	.7	.7	
Pershore	0.8	1.2	1.1	0.7	.7	.9	1.5	.6	.3	.9	
Rock	0.3	0.4	0.4	0.0	.4	0.0	0.0	.7	0.0	.4	
Shipston-on-Stour	0.8	0.6	1.4	0.9	.8	.5	.5	1.0	1.2	.4	
Stow-on-the-Wold											
(part)	2.0	0.0	2.9	0.0	0.0	8.9	0.0	5.9	0.0	0.0	
Tenbury	0.6	0.4	0.2	0.6	0.0	.8	.8	.7	.8	1.2	
Tewkesbury (part)	1.2	0.4	1.2	2.0	.8	1.2	2.4	1.2	1.2	2.0	
Upton-on-Severn	1.0	1.0	1.2	0.7	.6	1.1	1.5	1.3	.7	1.9	
Winchcombe (part)	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.9	0.0	
Yardley	0.7	1.1	0.6	0.8	.8	.6	.8	1.1	.8	.8	
Rural death rate	1.4	0.7	0.8	0.8	0.5	1.1	0.7	1.0	1.1	1.0	
County death rate	0.8	0.7	0.79	0.7	0.7	1.0	.9	0.9	1.1	1.0	

1900.
PHTHISIS DEATH-RATE.





CONSUMPTION (PHTHISIS) DIAGRAM

Showing the average Death-Rates per 1,000 of Population

of various Districts

FOR THE YEARS 1890-99 (INCLUSIVE)

SHROPSHIRE



10 and under
11-15
16-20
21 and over

H I

CONSUMPTION (PHTHISIS) DIAGRAM

Showing the average Death Rates per 1,000 of population
of Sanitary Districts,

FOR THE YEARS 1890-99 (INCLUSIVE).

Average Death Rates per 1,000 of
population in Sanitary Districts,
during the years 1890-99 (inclusive).

Urban Districts.

Bewdley	...	...	0.9
Bromsgrove	...	...	1.0
Bromsgrove North	...	...	0.9
Droitwich Boro'	...	...	1.0
Evesham Boro'	...	...	0.8
Kidderminster Boro'	...	...	1.0
King's Norton and Northfield	...	...	1.1
Lye and Wollescote	...	...	0.7
Malvern	...	...	0.8
Oldbury	...	...	0.7
Redditch	...	...	1.5
Stourbridge	...	...	0.7
Stourport	...	...	1.3

Rural Districts.

Bromsgrove	...	0.8
Droitwich	...	0.8
Evesham	...	0.7
Feckenham	...	1.0
Halesowen	...	0.4
Kidderminster	...	0.6
Martley	...	0.8
Pershore	...	0.9
Rock	...	0.5
Shipston-on-Stour	...	0.8
Tenbury	...	0.6
Tewkesbury	...	1.2
Upton-on-Severn	...	1.1
Yardley	...	0.7

County Rate	...	0.92
England and Wales	...	1.43

* Rate for 1899.

REFERENCES.

Death Rates ... under .5 per 1,000

„ „ = .5 and „ 1.0 „

„ „ 1.0 „ „ 1.5 „

„ „ ... „ 1.5 „

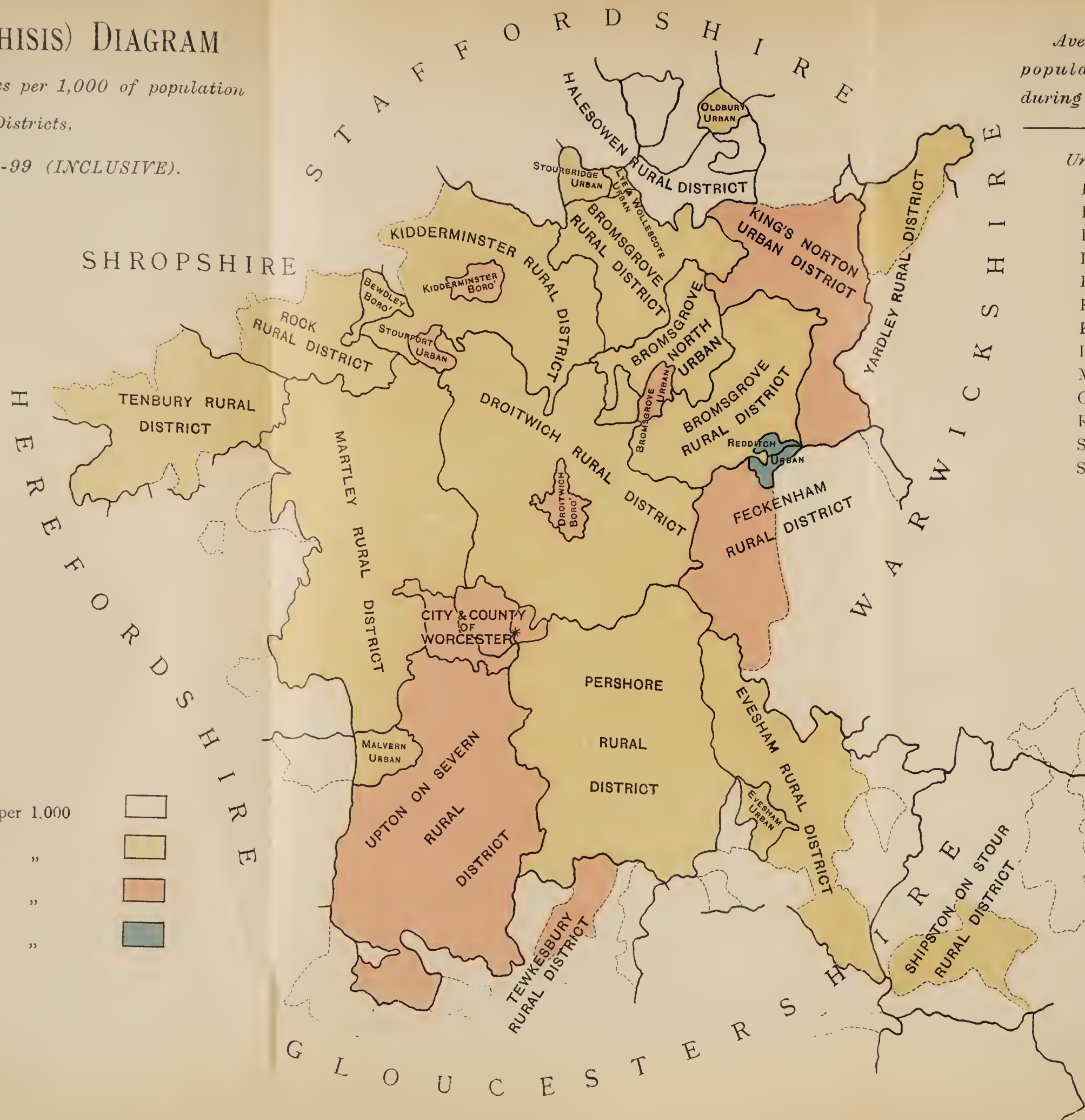
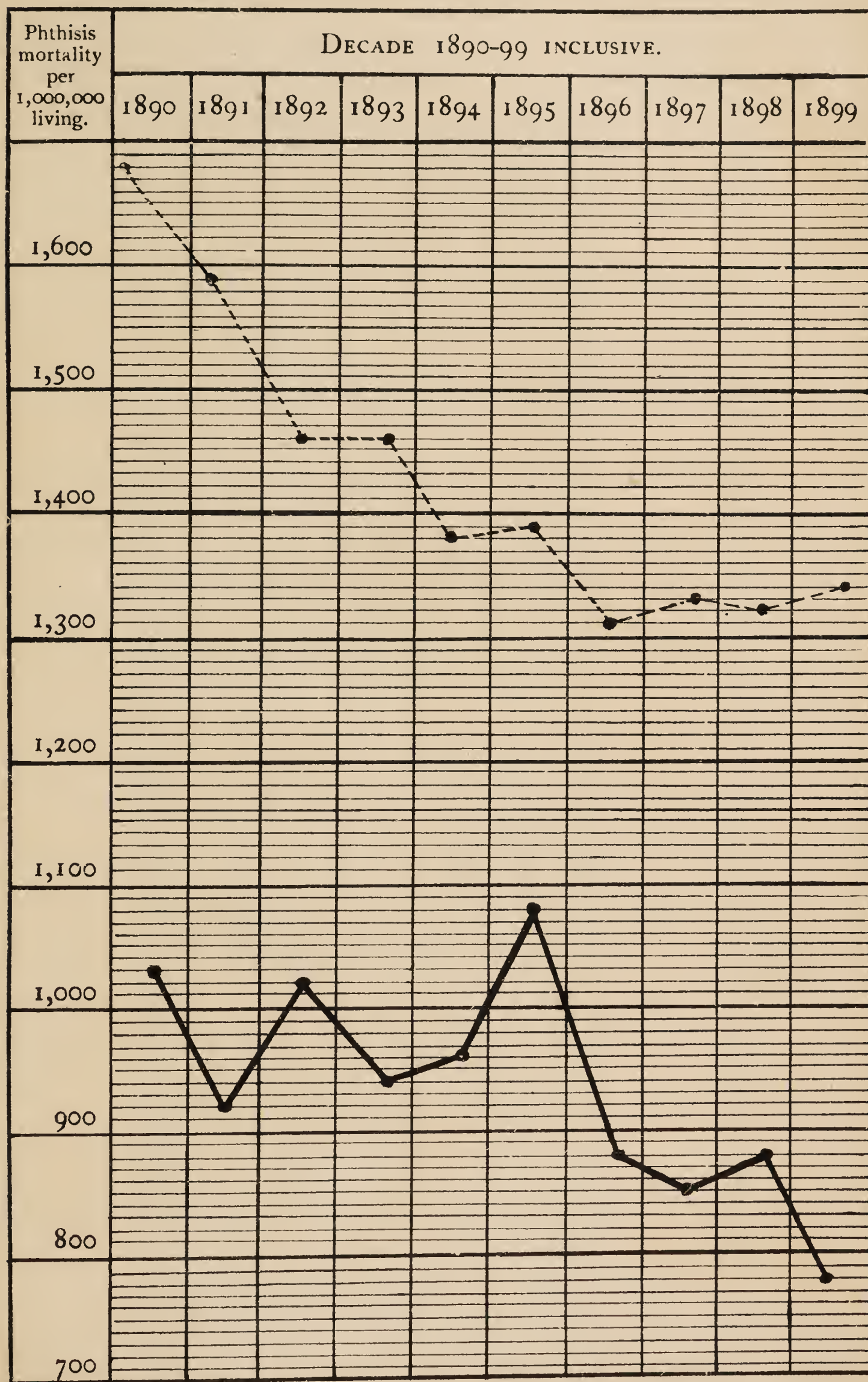


TABLE XIII. (a)

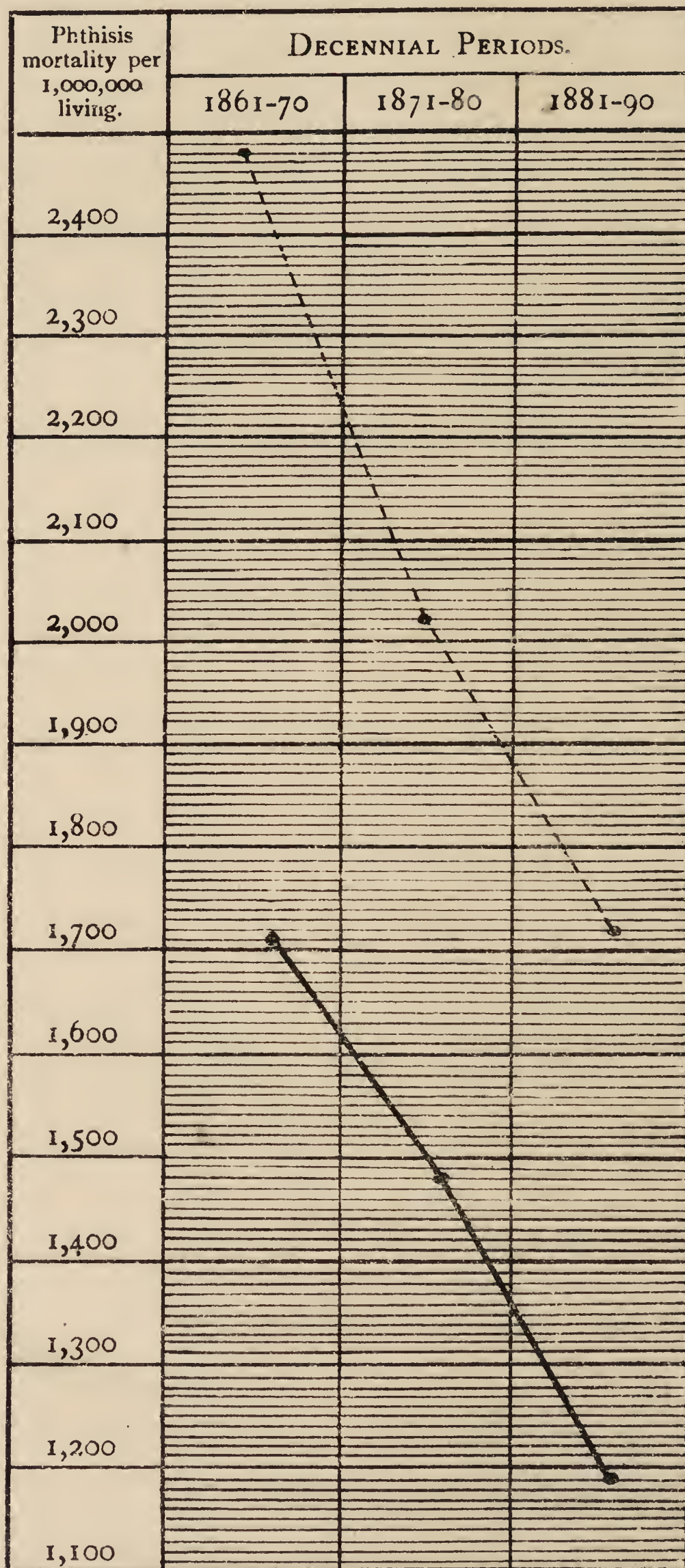
Showing rise and fall of Consumption (Phthisis) mortality in the Administrative County of Worcester and in England and Wales during the years 1890-99 inclusive.



(a) Compiled from Annual Reports of District Medical Officers of Health and Returns of Registrar General.

TABLE XIV. (b)

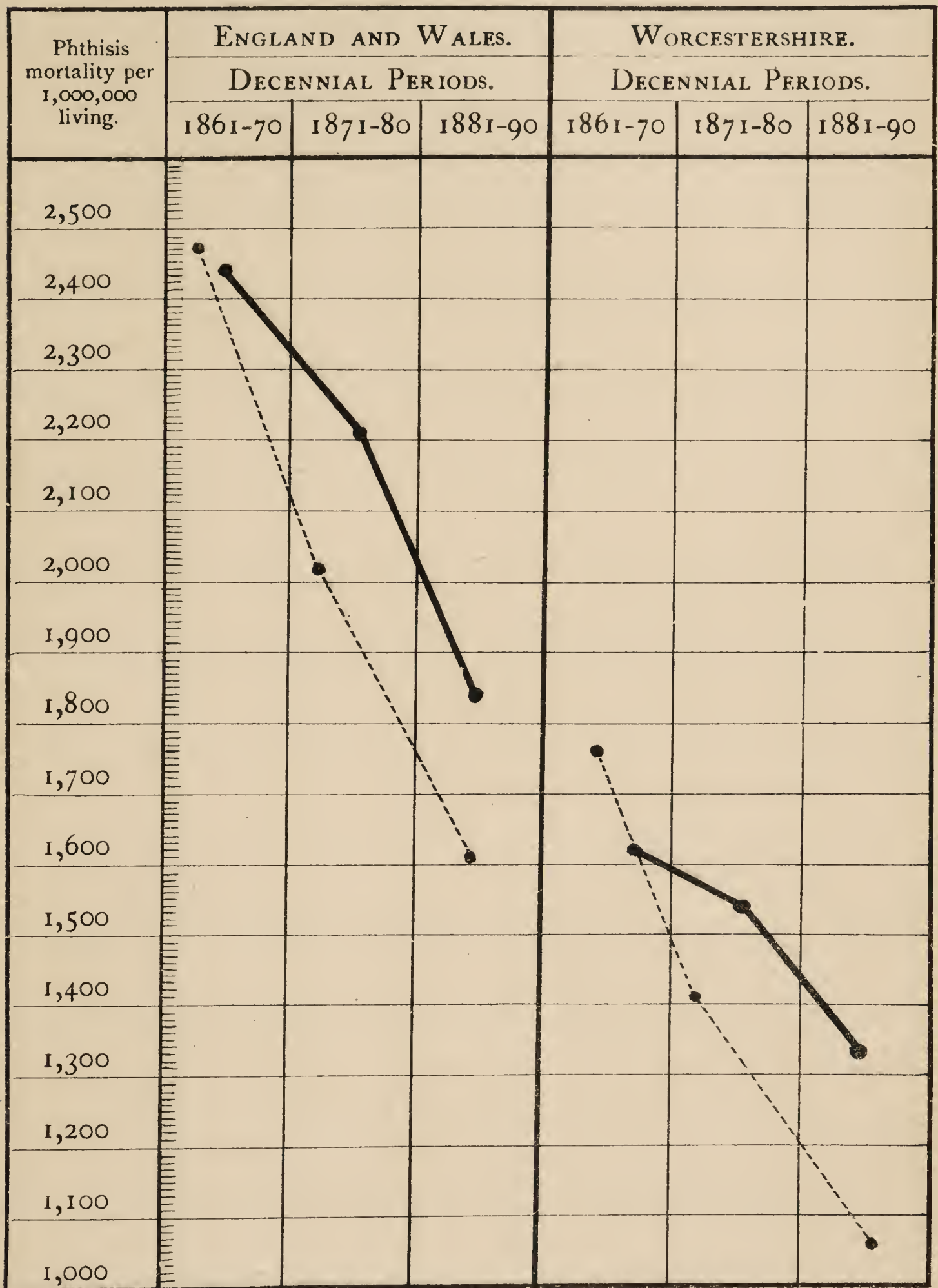
Showing the rise and fall of Consumption (Phthisis) in the Registration County of Worcester and in England and Wales during the Decennial Periods 1861-70, 1871-80 and 1881-90.



(b) Compiled from the Registrar General's Returns. Statistics for 1890-1900 are not yet available.

TABLE XV.

Shows the relative mortality among *Males* and *Females* in England and Wales and Registration County of Worcester during the Decennial Periods 1861-70, 1871-80 and 1881-90.



Male deaths are denoted by Black lines —————

Female „ „ „ Dotted „

Extract from County Medical Officer's Annual Report for 1898, page 30, par. 73 :—"As compared with other Counties, *Worcestershire* has an "exceptionally low death rate from Phthisis ; indeed, the rate for an "extended period stands with *Staffordshire* and *Leicestershire* as one of the "Counties of *England* with least liability to the disease. As regards "Phthisis in Females, *Worcestershire* is the best ; in this respect it is below "the neighbouring Counties of *Oxford* and *Warwick*, and considerably "below *Shropshire*."

In February, 1901, the Worcestershire County Council convened a Conference of persons interested in the new methods of treating Consumption to discuss the desirability of establishing a Hospital in the County where the poorer classes could receive the "open air treatment."

The Conference was attended by Representatives of nearly all the Corporations, District Councils, and Boards of Guardians in Worcestershire, as well as by many influential persons of both sexes.

Sir James Crichton Browne delivered a most eloquent address on the causation and prevention of the disease, which was so much appreciated that the County Council has since caused it to be published *in extenso* and largely circulated.

Dr. Paget Tomlinson gave a description of the Hospital he has established with such advantage in Westmorland. As a result of the discussion which ensued, the following resolutions were unanimously adopted, viz. :—

- (1) That steps be taken to ascertain whether it is desirable to establish in this County a Hospital for the open air treatment of Consumption among the poorer classes.
- (2) That a communication be addressed to the different Poor Law and Sanitary Authorities in the Administrative County of Worcester, asking if such a Hospital is established, what number of patients in their opinion would annually be sent from their Districts.
- (3) That a Representative Committee, consisting of Representatives of the County Council, and of each of the Urban and Rural District Councils and Boards of Guardians in the Administrative County, be appointed to consider the further working of the scheme.

In order that those who attended the Conference might not be wearied with figures, I was instructed, at short notice, to prepare some Statistics bearing upon the question, and accordingly I compiled the annexed Diagram and Tables.

The Chief of the Statistical Department of the Registrar-General's Office (Dr. Tatham) most courteously supplied me with the Death-rates for the decennial periods; the others were obtained from the Annual Reports of Medical Officers of Health sent to the County Council.

It will be noticed that Table XIV. confirms the well-known fact that the persistent decline of pulmonary phthisis is a prominent feature in the Vital Statistics of England and Wales. Worcestershire evidently has an exceptionally low Death-rate from Consumption. In my Annual Report for 1898 I pointed out that the Worcestershire rate for an extended period stands with Staffordshire and Leicestershire as one of the Counties of England with least liability to the disease.

Table XIV. also shows that the Worcestershire Death-rate has declined *pari passu*, with that of England and Wales during each of the last three decennial periods. And it is remarkable that the mortality of England and Wales during the 10 years, 1881-90, is the same as it was in Worcestershire 30 years ago. For instance, Table XIV. indicates that the Death-rate of England and Wales during the decennial period, 1881-90, was 1,724 per 1,000,000, whereas in Worcestershire so long ago as 1861-70 it was 1,704 per 1,000,000, and has since fallen to 1,196 per 1,000,000 in 1881-90.

Table XV. compares the relative mortalities among Males and Females in England with those of Worcestershire during the last three decennial periods. Here again the sex incidence is in favour of Worcestershire; but there seems to have been a greater decline in the County mortality among Females than among Males during 1861-90.

In my Annual Report previously alluded to I stated that Worcestershire has, as compared with other Counties, the lowest Death-rate from Phthisis among Females, and in this respect it is below the neighbouring Counties of Oxford and Warwick, and considerably below Shropshire.

The colored Diagram compares the average Death-rates of the respective Sanitary Districts in Worcestershire during 1890-99, the longest period for which the County Council have records. The lowest Death-rate (0.4 per 1,000) was in Halesowen Rural District, and the highest in Redditch Urban District (1.5).

Halesowen Rural and Stourbridge Urban Districts form the Worcestershire fringe of the "Black Country," and it is noteworthy that in neither of these Districts did the Phthisis Death-rate exceed 0.7 per 1,000 of the population during 1890-99.

These low mortalities are interesting, and somewhat surprising when it is realized how indifferently the artizan population of these localities are housed.

These Districts, however, have good natural drainage, and it is not unlikely that their topographical position may account for the local immunity from Phthisis.

Sir Hugh Beevor, Bart., in his oration delivered before the Hunterian Society in 1899 remarks of the neighbouring County Borough of Dudley: "Dudley enjoys a comparative immunity from Phthisis, which one was at first sight inclined to attribute to the smoke of the Black Country, from the heart of which it rises, built on the top of a long slope of hill with good fall on nearly every side."

The comparatively high mortality from Phthisis in Redditch is probably due to the fact that the population is mainly engaged in the manufacture of Needles.

From inquiries I made in a neighbouring Needle District some time back, I am inclined to think that the incidence of the disease

upon needle makers is not associated with irritation caused by inhalation of steel filings, but rather to the fact that the artisans so often work in over-heated rooms, where source of infection is great, and ventilation far from what, consistent with health, it ought to be.

This insufficient ventilation is not so much the fault of the manufacturers, as of the work people themselves, for in spite of the efforts of the former, the latter persist too often in closing windows and ventilators. Such being the case, it is no wonder that Phthisis is easily communicated.

As my statistics were prepared for a popular gathering, no attempt was made to shew the age incidence of the disease.

Realizing, in 1898, that Worcestershire was specially favored with respect to Phthisis, I communicated with Sir Hugh Beevor, who had lately been studying the question, and he replied that he was unable to suggest any definite point for consideration, as it seemed to him, to carry our knowledge further intricate and prolonged investigation was necessary.

Under such circumstances I have no explanation to offer why Worcestershire should be less prone to Phthisis than other Counties.

The question of the "open air" treatment of consumptive patients will, *inter alia*, be discussed at the forthcoming International Congress on Tuberculosis, to be held in London this month (July). In the meantime the Committee are causing plans for a suitable Hospital to be prepared, and Viscount Cobham has generously assisted them by offering to lease a magnificent site, which is situated in the parish of Romsley (Bromsgrove Rural District).

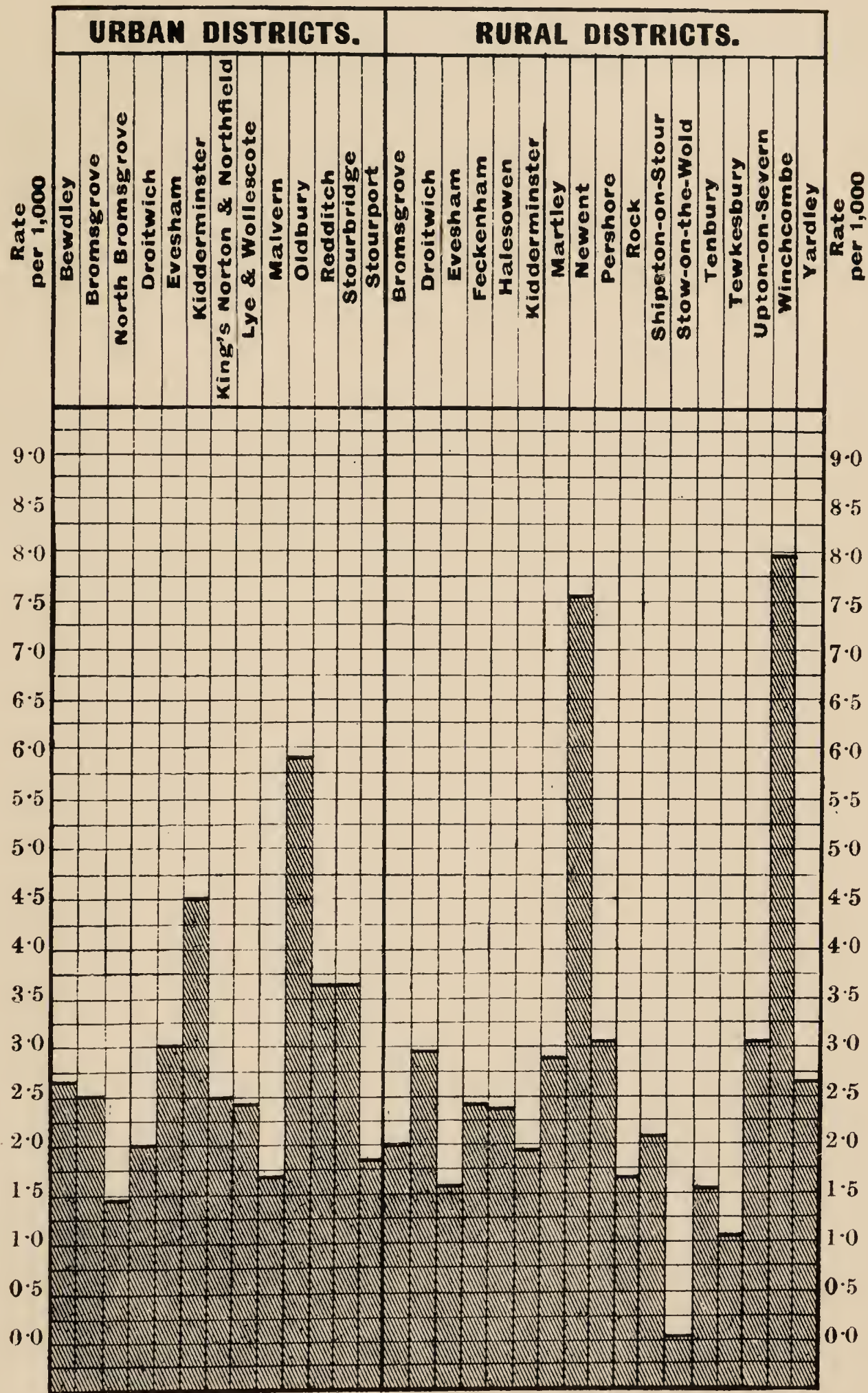
Associated with the prevention of Tuberculosis, are of course the abolition of spitting, and disinfection of the infected sputum, good sanitation, and purity of milk supplies; and I would take this opportunity of expressing the opinion that the housing of all persons—more especially the working classes—is a problem which should receive the careful attention of all the Local Authorities in the County, for if they will act upon the advice given by their Medical Officers (see pages 36 to 45), they will be doing much to eradicate a disease which not only causes at least 60,000 deaths annually in England and Wales, but also untold misery and suffering. The Evesham and Malvern Urban, and Evesham, Feckenham, and Pershore Rural have passed the following resolution with regard to disinfection of rooms occupied by Consumptive patients, viz.:—

"Facilities should be *offered* to Householders for disinfecting houses where patients suffering from Consumption have died, and that, on the recommendation of any Medical Practitioner in the Borough, similar facilities should be *offered* with regard to houses which have been occupied by Consumptive persons."

I commend the above resolution to other Local Authorities in Worcestershire.

1900.

RESPIRATORY DEATH-RATE.



RESPIRATORY DISEASES.

Table XVI. and Diagram gives the Respiratory Death-rates for each District in the County during the years 1893-1900 inclusive, and the average Rates for that period.

TABLE XVI.

Urban Districts.	Averages for years 1893 to 1900.	Rate per 1,000. of Population.							
		1900.	1899.	1898.	1897.	1896.	1895.	1894.	1893.
Bewdley Borough - . . .	3.4	2.7	2.7	3.4	2.0	4.1	5.5	2.7	4.1
Bromsgrove	2.6	2.5	3.2	2.8	2.8	2.0	2.5	1.7	3.5
Bromsgrove North	2.5	1.4	2.0	3.1	2.2	3.0	2.3	3.4	3.2
Droitwich Borough	2.4	2.0	1.8	2.1	0.9	3.0	3.6	4.2	2.2
Evesham Borough	2.0	3.0	1.8	1.8	0.9	1.3	3.4	2.5	1.5
Kidderminster Borough . . .	2.9	4.5	3.5	2.2	1.6	2.9	3.4	2.7	3.1
King's Norton & Northfield .	2.3	2.5	1.8	1.7	2.2	2.1	2.1	2.8	3.4
Lye and Wollescote	2.7	2.4	2.1	3.7	3.7	3.6	2.4	2.1	2.3
Malvern	1.7	1.8	2.0	1.3	1.5	0.7	2.0	3.0	1.9
Oldbury	4.7	5.8	4.1	5.0	4.0	5.6	4.2	3.6	5.6
Redditch	3.0	3.7	1.6	2.2	3.4	3.1	4.7	2.0	3.7
Stourbridge	3.0	3.7	2.5	2.9	3.0	2.8	2.0	2.2	4.9
Stourport	1.1	1.8	0.5	0.7	1.2	2.3	1.4	0.8	0.2
Rural Districts.									
Bromsgrove	1.8	2.0	2.1	1.9	1.3	2.1	1.8	1.8	1.8
Droitwich	2.0	2.9	2.8	1.1	2.0	1.7	2.7	1.3	1.8
Evesham	1.7	1.6	1.9	1.5	1.1	1.6	2.8	1.6	1.6
Feckenham	1.8	2.3	0.8	1.0	2.0	1.5	1.0	4.4	1.3
Halesowen	3.0	2.2	2.4	3.6	3.5	3.9	3.4	2.7	2.5
Kidderminster	2.0	1.9	1.6	1.9	2.3	2.1	2.6	1.8	1.9
Martley	2.1	2.8	3.0	1.6	2.2	1.9	1.9	2.4	1.5
Newent (part)	3.5	7.6	5.3	1.5	3.0	1.5	3.0	3.0	3.8
Pershore	2.3	3.1	2.2	2.3	2.0	2.1	3.2	1.9	2.2
Rock	2.7	1.7	3.4	3.4	4.7	0.0	2.6	3.1	2.6
Shipston-on-Stour	2.1	2.2	2.8	2.0	1.1	2.5	1.9	2.3	2.1
Stow-on-the-Wold (part) . . .	0.3	0.0	0.0	0.0	2.6	0.0	0.0	0.0	0.0
Tenbury	2.6	1.6	2.2	1.8	2.2	2.4	3.7	4.5	3.1
Tewkesbury (part)	1.7	1.2	1.6	1.2	1.6	1.2	1.6	3.6	2.4
Upton-on-Severn	2.3	3.1	1.8	2.1	2.8	2.3	3.0	1.2	2.4
Winchcombe (part)	1.8	7.9	0.0	0.0	0.0	0.0	0.0	7.8	0.0
Yardley	2.2	2.6	1.7	2.0	1.9	2.7	2.6	2.0	2.3

CANCER.

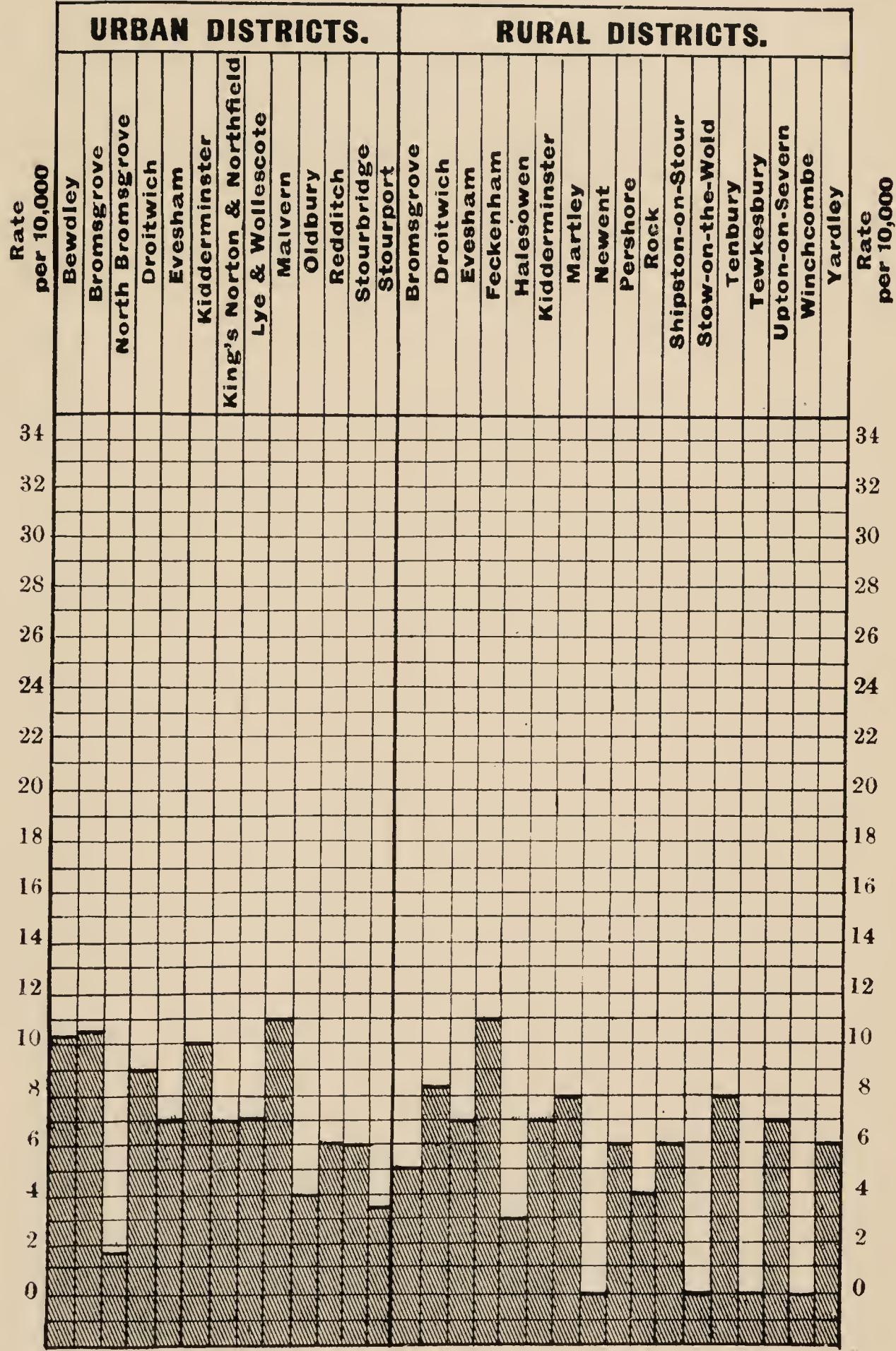
Table XVII. and the Diagram gives the Cancer Death-rates per 10,000 of the population for the years 1893-1900, and the average Rates for that period.

TABLE XVII..

Urban Districts.	Average for years 1893 to 1900 per 10,000 of popula- tion.	Rate per 10,000.							
		1900.	1899.	1898.	1897.	1896.	1895.	1894.	1893.
Bewdley Borough - - - -	6.6	10.4	6.8	10.0	0.0	6.9	6.0	3.4	10.0
Bromsgrove - - - - -	6.8	10.5	7.0	9.0	6.0	7.0	6.0	9.0	0.0
Bromsgrove North - - - -	5.8	1.8	5.5	1.8	7.0	7.0	9.0	7.5	7.5
Droitwich Borough - - - -	7.1	9.0	2.3	9.0	4.0	11.0	4.5	10.0	7.5
Evesham - - - - -	4.6	7.0	7.0	11.0	5.0	5.0	1.6	1.7	1.0
Kidderminster - - - - -	4.8	10.0	10.8	0.0	4.0	0.0	0.0	7.0	7.0
King's Norton & Northfield -	6.0	7.0	6.8	5.0	4.0	4.0	7.0	7.4	7.0
Lye and Wollescote - - - -	3.3	7.0	7.0	3.0	4.8	0.9	0.9	1.0	0.8
Malvern - - - - -	9.0	11.0	10.0	10.7	9.0	3.0	12.0	8.0	6.0
Oldbury - - - - -	2.3	4.0	4.0	0.3	1.0	3.0	3.7	3.0	0.0
Redditch - - - - -	3.4	6.0	0.0	4.0	0.8	3.0	6.7	4.0	3.0
Stourbridge - - - - -	3.4	6.0	4.0	0.6	4.0	7.0	0.6	3.0	2.0
Stourport - - - - -	5.0	3.6	1.0	7.0	7.0	8.3	2.8	8.4	2.8
Urban Death-rate - - - -		7.1	6.6	4.4	5.9	5.8	6.2	7.8	6.2
Rural Districts.									
Bromsgrove - - - - -	4.0	5.0	4.0	7.0	2.0	4.0	6.0	3.0	1.7
Droitwich - - - - -	6.1	8.3	3.6	7.0	9.0	7.0	9.0	5.6	0.0
Evesham - - - - -	3.1	7.0	0.0	5.0	5.0	1.4	4.0	2.8	0.0
Feckenham - - - - -	3.9	11.0	1.7	3.0	1.7	8.0	1.7	3.4	1.7
Halesowen - - - - -	3.4	3.0	2.0	4.0	5.0	4.0	3.0	4.0	2.4
Kidderminster - - - - -	5.0	7.0	5.0	7.0	4.0	3.8	6.2	3.9	3.8
Martley - - - - -	6.0	8.0	7.0	4.6	8.0	7.6	4.6	6.6	2.1
Newent (part) - - - - -	1.8	0.0	15.0	0.0	0.0	0.0	0.0	0.0	0.0
Pershore - - - - -	7.7	6.0	8.0	12.0	10.0	9.0	8.0	6.0	2.8
Rock - - - - -	3.7	4.0	13.0	0.0	13.0	0.0	0.0	0.0	0.0
Shipston-on-Stour - - - - -	5.2	6.0	6.0	9.0	11.0	6.0	4.0	0.0	0.0
Stow-on-the-Wold (part) - -	8.0	0.0	0.0	59.0	5.9	0.0	0.0	0.0	0.0
Tenbury - - - - -	3.2	8.0	12.0	0.0	6.0	0.0	0.0	0.0	0.0
Tewkesbury (part) - - - -	3.4	0.0	4.0	0.0	8.0	0.0	12.0	4.0	0.0
Upton-on-Severn - - - - -	8.0	7.0	11.0	7.3	13.0	6.0	6.0	9.0	5.0
Winchcombe (part) - - - -	0.9	0.0	0.0	0.0	7.8	0.0	0.0	0.0	0.0
Yardley - - - - -	4.4	6.0	4.0	3.0	8.0	6.0	0.0	0.0	9.6
Rural Death-rate - - - -		5.0	5.3	5.8	6.0	4.3	3.8	3.6	1.5
County Death-rate - - - -		6.0	6.4	5.0	6.0	4.8	4.9	5.1	3.2

I have no remarks on Cancer to add to those given in my Report for 1899 (pages 28 and 29), as the causation and prevention of this dreadful disease is still absolutely obscure.

1900.
 CANCER DEATH RATE PER 10,000
 OF THE POPULATION.



ISOLATION HOSPITALS.

The year 1900 witnessed considerable progress in the Hospital accommodation of the County; inasmuch as under the Isolation Hospitals Act a most complete Hospital has been erected at Malvern; and two others, very similar, will shortly be available for the Stourbridge and Lye and Wollescote Urban, and Halesowen Rural, Districts, and for the Bromsgrove, the North Bromsgrove, Droitwich, and Redditch Urban and Bromsgrove and Droitwich Rural Districts.

The following statements give some details of the Hospital accommodation in the County.

DISTRICTS PROVIDED WITH PERMANENT HOSPITALS.

Evesham, King's Norton and Northfield, and Malvern Urban and Evesham, Feckenham, Shipston-on-Stour, Tewkesbury and Yardley Rural Districts.

King's Norton and Northfield Urban District.

Dr. Hollinshead says that the King's Norton Hospital has been re-drained during the year, and that the substitution of W.C.'s for pail-closets has been made. It is intended to very shortly add an additional bath-room and also to lay on water and gas from Birmingham Corporation mains. A new "Thresh" disinfecter was also erected last year.

Malvern Urban District.

This Hospital may certainly be considered a model building, and is available for the treatment of 22 adults and of course a larger number of children. It is proposed to receive patients suffering from Scarlet Fever, Diphtheria, or Typhoid Fever; and a separate Block has been set apart for quarantine purposes. A "Thresh" disinfecter is provided, and the buildings are furnished in a most complete style. Iron buildings on a separate site are available for Smallpox cases.

Shipston-on Stour Rural District.

This Hospital has recently been erected by a local landowner and leased to the Authority for a period of 35 years. I consider it meets present requirements, but arrangements have been made by which the District Council can call upon the owner to provide any further accommodation that may in future be deemed necessary.

Yardley Rural District.

Of the Yardley and Solihull (Warwickshire) Joint Hospital, Dr. Wilson says:—

“As only Scarlet Fever cases were admitted during the year, the Hospital was at no period of the year half full, even including cases from the Solihull district; but looking to the future, and to securing provision for Typhoid Fever and Diphtheria cases when required, the question for extension demands attention, as well as a separate Hospital to be in readiness for any Small-pox cases which may crop up in the near future. These are questions which are now under the consideration of the Joint Hospital Committee, and which will be more fully discussed at a Conference which I hope will shortly take place between that Committee and a Committee appointed by the neighbouring Council of Meriden.”

DISTRICTS PROVIDED WITH IRON, OR WITH WOOD AND IRON BUILDINGS.

Kidderminster and Malvern Urban, and Newent and Pershore Rural Districts.

Malvern Urban District.

The iron buildings at Malvern are on a site in an isolated position and at a distance from the permanent buildings. In future they will be retained for Small-pox cases alone.

Kidderminster Borough.

Mr. Corbet mentions that 47 cases of Scarlet Fever were treated in the Kidderminster Hospital during the year; 22 of them came from the Borough, 9 from the Kidderminster Rural District, 3 from the Kidderminster Infirmary, 2 from Droitwich Rural District, and 1 from the Martley Rural District. During 1900 the administrative buildings have been enlarged and a Kitchen and a new “Thresh” disinfecting apparatus erected at a cost of about £300. A “discharging ward” and waiting-room have also been provided.

Pershore Rural District.

The wooden buildings at Pershore are only to be retained until the Pershore Rural District Council have provided permanent buildings; and with this object in view they have appointed a Committee to consider the matter.

DISTRICTS PROVIDED WITH HOSPITAL TENTS PENDING THE ERECTION OF PERMANENT BUILDINGS.

Bromsgrove, North Bromsgrove, Droitwich and Redditch Urban, and Bromsgrove and Droitwich Rural Districts.

These tents are still being utilized, but the erection of suitable permanent buildings will shortly be finished.

DISTRICTS HAVING ISOLATION COTTAGES.

Oldbury Urban and Winchcombe Rural Districts.

Oldbury Urban District.

The Hospital accommodation in this District is still in the same unsatisfactory condition described in my Report of January 29, 1898.

A "representation" as to the inadequacy of the accommodation at Oldbury has been received from the Halesowen Rural District Council, whose District adjoins Oldbury.

Upton-on-Severn Rural District.

Last year the Upton-on-Severn Rural District Council possessed an Isolation Cottage, but it became so insanitary that it had to be abandoned; and consequently the Council now have no Hospital. They have, however, appointed a Committee to take the matter in hand, inasmuch as the L.G.B. have intimated that they will advise Parliament to rescind the "order" constituting the Upton-on-Severn and Pershore Joint Hospital Board.

DISTRICTS HAVING ISOLATION WARDS AT WORKHOUSE.

Tenbury Rural District.

Dr. Whitaker states that the Tenbury Council "have realised the "need of an Isolation Cottage, and at the end of the year . . . decided to provide one." Since then Dr. Whitaker has informed me that he is now advising as to the suitability of two cottages which have been offered the District Council.

DISTRICT COUNCILS WHO HAVE ARRANGED FOR THE
TRANSFERENCE OF PATIENTS TO HOSPITALS IN
ADJACENT DISTRICTS.

Bewdley Borough, Stourport Urban and Kidderminster and Martley Rural Districts.

Bewdley Borough.

The Corporation arranged during the year with the Kidderminster Rural District Council for the reception of cases of Infectious Disease arising in the Borough of Bewdley to be treated where necessary at the Kidderminster Borough Hospital.

Martley Rural District.

I shewed in my last Digest that the Martley Rural District Council were not freely making use of the arrangements they have

SEWAGE DISPOSAL.

The Diagrams and Specifications shewing the "bacterial" processes for purifying Sewage, by what are known as the Closed Septic, Open Septic, and Contact methods, which the Council ordered to be prepared for the use of those persons in the County who wished to make trials of such methods, have been of interest to many such persons, as the large demand for them shows.

At the close of last year the Council gave instructions for an Experimental Tank of each of the above processes to be put down at the Malvern Wells and Oldbury Sewage Farms, consent for this to be done having previously been obtained of the Local Councils.

The Malvern Tanks have now been in operation for a short time, and 16 analyses are being made weekly by the County Analyst in order to watch the extent of purification. The same number of analyses will be made with the Oldbury Sewage as soon as the Tanks are finished, and which I expect will not be long.

Malvern was selected, because the Sewage there is typically "domestic" in character, whereas that at Oldbury contains a considerable amount of manufacturing refuse.

It is proposed to continue these experiments for at least a year, when it is anticipated instructive results will be forthcoming. (See page 181, par. 10; page 184, par. 18; and page 189, par. 30).

The Interim Report of the Royal Commission with regard to Sewage Disposal has been issued (July 12, 1901) since this "Digest" has been placed in the printers' hands, and had it not been that pages 51 et seq. of this Report are printed before pages 1 to 50 I should have been debarred from making any reference to the Commission's Remarks. As it is, space only allows me here to make two brief extracts from the Report, viz. :—

Page IX., conclusion 1, par. 15, reads—

"We are, however, forced to conclude that peat and stiff clay lands are generally unsuitable for the purification of sewage, that their use for this purpose is always attended with difficulty, and that where the depth of top soil is very small, say 6in. or less, the area of such lands which would be required for efficient purification would in certain cases be so great as to render land treatment impracticable."

Page X., conclusion 2, par. 19 reads—

"After carefully considering, however, the whole of the evidence, together with the results of our own work, we are satisfied that it is practicable to produce by artificial processes alone either from sewage, or certain mixtures of sewage and

36 *Sewage Disposal. Housing of the Working Classes.*

“trade refuse such, for example, as are met with at Leeds and Manchester, effluents which will not putrefy, which would be classed as good according to ordinary chemical standards, and which might be discharged into a stream without fear of creating a nuisance. We think, therefore, that there are cases in which the Local Government Board would be justified in modifying, under proper safeguards, the present rule as regards the application of sewage to land.

“No general rule as to what these safeguards should be can be laid down at present, and indeed it will, probably, always be necessary that each case should be considered on its own merits.”

After this expression of opinion, the L.G.B. may fairly be expected to modify their present requirements as to Sewage Disposal and occasionally to dispense with their hitherto invariable requirement of “land treatment.”

Where land cannot be obtained, or is either “peat” or “stiff clay,” the abandonment of the Board’s rigid land regulation with regard to the application to land, should facilitate the adoption of Sewerage Schemes.

The Commission’s Report is of such interest and importance that I do not hesitate to quote freely from it in the Appendix to this “Digest.”

HOUSING OF THE WORKING CLASSES.

This question is of vast importance, not only on social but also on hygienic grounds.

To the association of insanitary houses with Consumption I have already alluded.

In my Digest for 1899 (page 37) I called attention to a Memorandum of the L.G.B., dated June 23rd, 1900, and I again commend those observations to your consideration in connection with the following extracts from the Medical Officers Reports, in the hope that you will utilise your powers under the Housing of the Working Classes Act, and urge the Local Authorities to press on reforms in housing where reforms are needed.

Bewdley Borough.

Mr. Webster says:—

“Under the housing of the Working Classes Act, many representations have been made and recommendations carried out. There was one prosecution and the house was ordered to be closed until it was made fit for habitation; one other house was closed.

“ It is mentioned in the Report for 1899 that ‘in view of
“ the fact that Bewdley is becoming a favorite pleasure resort
“ during the summer some more houses are required, as at the
“ present time a considerable amount of overcrowding takes
“ place.’ ”

Bromsgrove Urban District.

Dr. Kidd says :—

“ A good deal has been done this year. Sixty-seven
“ houses have been cleansed and limewashed by order of the
“ Council, and seven others generally improved and made fit for
“ habitation. In addition to these no less than ten houses, all
“ in Worcester Street and in courts off it, were closed as unfit
“ for habitation during the year. Four of these have been re-
“ paired and improved, and the others have been demolished
“ preparatory to building new houses on the site.

“ This list is sufficient proof in itself that the condition
“ of the house property in Bromsgrove is not all that could be
“ desired, and it is undeniable that in the poorer parts of the
“ town, off Worcester Street and behind Hanover Street and St.
“ John Street, the state of the houses is very bad.”

Dr. Kidd also says that some courts and alleys require paving.

In his Annual Report for 1899, he says “the im-
“ possibility of the inmates finding better accommodation at a
“ reasonable price prevents the closure of many a house that
“ would otherwise be condemned.”

North Bromsgrove Urban District.

Dr. Kidd says :—

“ We occasionally discover cottages in all the state of
“ dilapidation which used to be common, but these are always
“ dealt with and the necessary improvement insisted on, and as
“ a whole the house accommodation in the district may be said
“ to be fairly satisfactory.”

Droitwich Borough.

Dr. Roden makes no special allusion to this subject, but reports that two cases of overcrowding have been dealt with. He, however, makes the following reference with regard to flooding in High Street, viz. :—

“ At the close of the year we had a terrible flood in High
“ Street, causing a great deal of misery and suffering to those
“ living there. Many other towns suffered at the same time in a
“ like manner. Though such a flood as that in December, 1899,

“ was beyond all control, still minor floods from which we have
“ suffered in former times might be lessened if the advice of the
“ Surveyor were taken, which he laid down in a special report.”

Evesham Borough.

“ The house accommodation, especially for the working
“ classes, has received a good deal of attention during the year,
“ and although only 4 cottages were condemned as unfit for
“ habitation in 1900, it must not be forgotten that 14 others were
“ similarly dealt with in 1899. I gave a detailed account in my
“ last Annual Report of the extended improvements of courts
“ and alleys carried out in the Borough in 1899, and the follow-
“ ing statement shows that many more have since been made,
“ viz.,

“ Harcourt's Court, Oat Street.

“ These 5 cottages have been satisfactorily improved, and
“ the defective drain and W.C. have been rectified. The yard
“ has been paved.

“ Gould's Court.

“ The overcrowded and structural defects of 6 cottages
“ have been dealt with and 1 cottage has been closed. The
“ yard has been paved.

“ Avon Court, Bewdley Street.

“ I reported last year that 3 of 5 defective houses had
“ been closed: the other 2, which must be deemed ‘ obstructive ’
“ (Housing of the Working Classes Act 1890, s. 38) still remain
“ as they were.

“ Haines Court, Bewdley Street.

“ Six of the 7 cottages are now closed, and the Court
“ has been blocked up.

“ Factory Yard.

“ This has been greatly improved by the erection of 8
“ Latrine closets, flushed automatically, and by paving of the
“ yard. One house has been taken down and the old W.C.'s
“ and ash pits have been swept away. A drain passing through
“ Factory Yard, which brings refuse from other houses is now
“ blocked and will shortly be dealt with.

“ Corner of Mill Street and Cowl Street.

“ The sanitary condition of these 5 cottages has been
“ greatly improved; the yard behind them has been paved with
“ blue brick, and new drains and W.C.'s have been provided.

“No. 3, Bewdley Street.

“An old well has been filled up, the yard has been paved,
“and new drains and W.C. have been provided.

“No. 19, Littleworth Street.

“This yard has been paved.

“The foregoing statement shows that much has been
“done to improve labourers' cottages. I think that on enquiry
“it will be found that several old cottages are without sufficient
“space at the rear, and consequently I would suggest that the
“Inspector be instructed to make a thorough report as to this.

“Forty-five houses have been erected during the year,
“which shows that building is going on at a considerable rate in
“the Borough. Your Building Surveyor (Mr. Harvey) reports
“that the whole of these have been erected in conformity with
“the bye-laws and that the drains, before being passed, have
“been tested hydraulically. I learn, however, that there is still
“a demand for cottages at low rentals (3s. to 4s. per week).”

Kidderminster Borough.

Mr. Corbet states that the Court sweeping is still being
carried on satisfactorily, and that the value of this work cannot
be over estimated. 230 houses were cleansed.

No reference is made to the sufficiency or otherwise of
cottages for artizans.

King's Norton and Northfield Urban District.

Dr. Hollinshead says:—

“As regards the dwellings of the people, a matter of vital
“importance, I am glad to say that a better type of building is
“now being erected, and I believe a proper supervision over
“their construction is being maintained, and under your new
“Bye-laws houses of a better class will be erected. I have on
“many occasions had to complain of buildings being put up
“essentially of the ‘jerry type,’ and have mentioned that in the
“near future we should have much trouble to keep them in a
“sanitary condition.

“With improved buildings we may expect less disease
“and better health generally of the inhabitants of the District.

“I cannot too strongly emphasize the importance of good
“dwellings with every sanitary provision in connection with them.
“There is nothing more conducive to the health of the people

“than a good sanitary dwelling, and by this I mean that the
 “domestic offices and drainage should be efficiently carried out.
 “I have in my previous reports made mention of the model
 “buildings on the estate which has been laid out by Mr. George
 “Cadbury, and I cannot refrain from again mentioning how
 “much I admire the system he has adopted.”

Lye and Wollescote Urban District.

Dr. Darby says:—

“The demand for houses still continues. The class of
 “houses being erected is improving the appearance and sanitary
 “condition of the District.”

Malvern Urban District.

The M.O.H. writes:—

“Last year I was called upon to certify for the closure
 “of only three houses, as I had condemned 11 in 1899. With
 “reference to 5 cottages condemned in 1899, 2 have been pulled
 “down, one has been repaired and added to the adjoining one,
 “and two are now unoccupied; of the other six, two have been
 “rebuilt, two are now void and two are still occupied; as re-
 “gards the last two, great difficulty has been experienced by the
 “tenants in getting suitable dwellings, so the ‘notices’ have not
 “been pressed.

“A considerable amount of attention has been devoted
 “to the houses in the Old Hollow, North Malvern, and Lower
 “Howsell, as it was found that many of them in these localities
 “were in an unhealthy state; and your Inspector’s Report shows
 “that great improvement has been made, no less than 56 houses
 “having been cleaned and whitewashed, and 54 repaired in 1900.

“It affords me pleasure to report that your Sanitary Com-
 “mittee are considering what bye-laws are requisite to enforce
 “the better paving of yards adjacent to cottages, and I hope
 “that such regulations will soon be in operation; for in parts of
 “the District, undoubtedly decided sanitary improvement could
 “be made. With reference to the adequacy of the House
 “Accommodation referred to in the L.G.B. memorandum, my
 “enquiries induce me to think—and indeed it is generally ad-
 “mitted—that cottages at moderate rentals are needed. By
 “‘moderate rentals,’ I mean rents of 3s. 6d. or 4s. per week, and
 “it is common knowledge that it is just this class of buildings
 “which are scarce, owing to the fact that such rents are not re-
 “munerative. The question as to whether or not it was de-
 “sirable and practicable to utilise the powers you possess under
 “the Housing of the Working Classes Act, 1890, and build

“cottages, has been considered during the year. Your Surveyor submitted plans for doing so, but it was ultimately decided to adjourn the matter *sine die*.”

Oldbury Urban District.

Dr. Buttery says:—

“We have directed our attention to the conditions under which many of the poorer classes of this district live, and few of them seem to realise how very necessary it is that a proper air space and ventilation, both for living and sleeping rooms, should be given to individual life, and very often we find that two or three families will be in occupancy of one small dwelling, suitable only at most for one family; and this is caused, in many cases, by the unthrifty and improvident character of the people, who have to shift as best they can, landlords not being willing to let houses to such characters, lest the value of the property should decrease.

“We often hear, too, the complaint that there are not enough houses of low rental wherein a labouring man may dwell, where certain accommodation, which is requisite, may be found, and thus from these and other causes there is overcrowding of houses to the detriment of the health of the populace. We have, therefore, dealt with nine cases of overcrowding during the year.”

Stourbridge Urban District.

Dr. Eagar says:—

“A great want is still felt for artisan dwelling houses. I strongly recommend the Council to put in force the Housing of the Working Classes Act, 1890. I feel sure if the Council were to build some three-room artisans’ dwelling houses they would not lose by the transaction, as there are so many artisans who have to live out of town. During the year 30 new houses have been erected, and 4 closed as unfit for habitation.

With reference to the remarks of Dr. Eagar, I would, however, remind you that on the 13th May last, the County Council communicated with the Stourbridge Urban District Council asking what had been done with regard to the recommendation of the Medical Officer of Health, and the following is a copy of the reply received from the Clerk of that Authority, dated 14th May, 1901:—

“In response to your enquiry, I beg to state that this subject is having the unremitting attention of this Council. Since their appointment on the 22nd ultimo the Committee sat twice, and at last night’s meeting I was instructed to make special inquiries of five of the leading

Housing of the Working Classes.

“business firms in the locality as to the needs of their employees in this respect. The Committee’s Surveyor has also prepared and submitted to the Committee a comprehensive scheme for their consideration.”

Stourport Urban District.

Mr. Robinson says:—

“The number of houses is apparently sufficient, for several have been vacant for the greater part of the year; this applies particularly to the shop property in the town.

“The cottage property has been well filled, and the new ones which have been built quickly occupied. Four houses in Foundry Street have been closed as unfit for habitation, and six in Parkes Passage have been pulled down and the site they once occupied laid out as a garden—a very great improvement. There is unfortunately still a great deal of house property in Stourport of the back-to-back type, or houses without back doors or windows. In such houses it is impossible to get a proper supply of sunshine and fresh air, and every effort should be made to close or improve them. Such houses exist in Parkes Passage, Swan Passage, Lickhill Road, New Street, Bridge Street, High Street, Lombard Street, Foundry Street, Raven Street, Engine Lane, Mart Lane, Mitton, Gilgal, Severn Road, Lion Hill, Sion Gardens, Stour Lane, York Street, and Upper Mitton. In fact all over the District, the surroundings are generally damp, dirty and ill-paved, the houses themselves in poor repair. The back premises of many of the shops in High Street, Bridge Street, York Street and Lombard Street are cramped and dark.

“New houses have been built with out-buildings so close as to very considerably darken the living room of the family, and the privy, midden and ash-pit so situated that when the wind blows in certain directions the air entering the house must become polluted. Houses of this very undesirable type may be seen in New Town, Vernon Road and Camden Place. Those recently erected in Parkes Passage and Worcester Street, on the contrary, have every facility for the entry of sunshine and fresh air.”

Bromsgrove Rural District.

Dr. Wood says:—

“There are many old cottages in the District with very poor accommodation and deplorable wants, the chief in my estimation being the want of ventilation. The windows are too small and are not made to open; in addition to this I come across dwellings where there is neither well nor pump

“nor Company water, so that the people have to beg every drop they use. I would ask your Council to insist on the landlords remedying this, as well as the defect in the matter of windows.”

Droitwich Rural District.

Dr. Swete says :—

“I think the labouring classes throughout the District are well housed. Owing to migration to the town there are many void houses, especially in Stock.”

Evesham Rural District.

The M.O.H. says :—

“Forty-one houses have been erected during the year. Building operations have mainly been confined to Badsey, Hampton, and Harvington. The houses erected were cottages. Generally speaking, so far as I am aware, the supply of cottages fairly meets the demand; the condition of such dwellings has certainly been improved during recent years, although, no doubt, there are many which could be further improved.

“The housing of the labouring classes in Rural Districts is a subject which will shortly come to the front, and probably require careful consideration by District Councils.

“All houses now erected are required to comply with the bye-laws. Your Building Surveyor, Mr. Harvey, assures me that he experiences no difficulty in getting your regulations carried out. All new drains are tested hydraulically before they are passed.”

Feckenham Rural District.

The M.O.H. says :—

“The house accommodation of the District generally is fairly satisfactory. The worst locality in this respect is that known as Stock Green and Stockwood, which part of your District is becoming depopulated.

“Your Inspector has, at my request, made a house to house survey of this locality which should receive your most careful consideration, as it shows that many cottages are dilapidated, devoid of wholesome water, and otherwise insanitary, while many others are unoccupied. As I have personally checked Mr. Perkins' Survey, I am prepared to advise as to the numerous insanitary conditions he describes. The question of the defective water supply has always been a difficult one, and now that the locality is becoming depopulated satisfactory remedial measures are scarcely practicable.”

Housing of the Working Classes.

Extracts are then given from the Annual Reports for 1881 and 1885 which show that attempts were then futile for improving the water supply of Stock Green.

Halesowen Rural District.

Dr. Brett-Young says :—

“Although 170 new houses have been erected during the year they were all occupied as soon as finished.”

Martley Rural District.

Mr. Greensill says :—

“The house accommodation of the District is sufficient ; nearly all cottages are provided with adequate open space, and have good gardens. During the year two houses have been closed as unfit for habitation after notice from the Sanitary Inspector.”

Rock Rural District.

Dr. Whitaker says :—

“Speaking generally, this is fairly good in the District. The population is not a growing one, and new houses are seldom provided, consequently some of the older houses are getting less amenable to repair. I know of very few houses that are really in a poor state.”

Tenbury Rural District.

Dr. Whitaker says :—

“The general character of the dwellings as regards structure and sanitary conveniences is, with some exceptions, above the average. There is very little spare house accommodation. Houses are not often built, and by degrees some of the older houses are getting less amenable to efforts at repair. Most of the defects, however, are of a minor character, and are being dealt with from time to time as they come within the circle of the systematic and other inspections that are made. A great many improvements have been carried out in this way.”

Upton-on-Severn Rural District.

Mr. Cowley says :—

“Ten new houses were erected subject to the new Bye-laws. Three were closed as unfit for habitation, and 18 were cleansed, etc. The cottages are many of them old in such parishes as Berrow, Birtsmorton, Longdon, Ripple, Castle-morton, and new ones to replace them would be welcomed.”

Yardley Rural District.

Dr. Wilson says :—

“In respect to new houses, and the extensive sanitary

“works of various kinds which are required to keep pace with
“the requirements of such a rapidly increasing population, the
“Surveyor has kindly furnished me with various interesting data
“which will be more fully detailed in his own report, but to
“which I may briefly refer. The plans approved during the year
“represent 772 erections, 663 being houses, and 11 persons had
“to attend before the Council to show cause why certain build-
“ings begun or erected contrary to the bye-laws should not be
“removed, altered, or pulled down. Complete compliance was
“insisted on, and obtained without having recourse to legal
“proceedings, and it is to be hoped that this firm and uncom-
“promising action on the part of the Surveyor and the Council
“will convince the jerry builder that, after all, honesty is the
“best policy; for if those who had to appear before the Council
“escaped all the costs of legal proceedings by ultimate com-
“pliance, most of them had to pay, I have no doubt, handsome
“fees to the legal gentlemen whom they employed to state their
“case, or plead an ignorance which failed to bless. But as
“friction has frequently arisen, owing to bye-laws not being ex-
“plicit enough with regard to some very essential details, more
“especially in respect to the drainage of houses, the Surveyor
“suggests that more definite regulations should be formulated
“for the information of all who deposit or intend to deposit
“plans, and this suggestion I most strongly recommend for
“adoption.”

EXCREMENT DISPOSAL.

The subject of excrement disposal is dealt with in nearly all of the Annual Reports, and it is evident that gradual improvement is being made not only in the Urban centres, but also in the Rural Districts.

Bromsgrove Urban District.

Dr. Kidd expresses the opinion that there would be a definite decline in the Death-rate if the privies and cesspits in the town, many of which are centres of danger, could be removed.

King's Norton and Northfield Urban District.

Dr. Hollinshead makes special reference to the nuisance caused by the privy middens and the method of cleansing by “tipping” the contents on to the roadway. Although no less than 245 of these privies have been converted to W.C.’s last year, he urges increased energy in this direction, and emphasizes the desirability of erecting a “Destructor” in order to do away with the “tip nuisance.”

46 *Excrement Disposal Slaughter-Houses. Dairies and Cowsheds.*

Oldbury Urban District.

The recommendations of the Oldbury Sanitary Committee with reference to improvement in the excrement disposal of public schools in that town have been carried out during the year; and Dr. Buttery remarks that the work of the night-soil department is in a more satisfactory condition than in previous years.

Stourbridge Urban District.

The rapid abolition of privy middens is a prominent feature of Dr. Eagar's report, no less than 570 having been converted to W.C.'s in 1900.

Stourport Urban District.

Mr. Robinson, when alluding to the privy midden system of the town, rightly describes it as a "disgusting method of excrement disposal."

The Summaries of the Sanitary Inspectors' reports, which I give hereafter, show that in the Rural Districts, too, the question of excrement disposal is receiving a good deal of attention, and rightly so too; for it is unquestionable that the proximity of leaking middens to wells is one of the chief sanitary defects of country Districts.

SLAUGHTER-HOUSES.

The Slaughter-houses are said to be visited by the officials in every District in the County, except in Martley, where the Medical Officer says "they are not inspected as the L.G.B. evidently intended they should be."

The Summaries of the Reports I give later on, however, show that some Slaughter-houses are badly placed, and not well managed.

DAIRIES AND COWSHEDS.

Many of the Annual Reports refer to Dairies and Cowsheds; but as I am instructed to make a Special Report upon the administration of the Dairies and Cowsheds Orders, it would be undesirable to allude further to this subject on the present occasion.

BYE-LAWS.

The whole of the Urban Districts have Sanitary Bye-laws except Droitwich Borough; and apparently that Corporation do not consider the matter one of much importance, as they have had the question under consideration for so many years past. How it is possible for a Borough to be well governed without such regulations I am at a loss to understand.

Re-modelling of Bye-laws for the Feckenham Rural District has been under consideration for many years past, and it is gratifying that at last new regulations have been adopted.

I stated last year that in my opinion Sanitary Bye-laws would be of advantage in Rural Districts *provided they were not too stringent*. That some of the regulations now in force in such places are unsuitable there is not the least doubt; and this is due to the fact that the L.G.B. have hitherto required that their model code should to a great extent be adhered to.

The Pershore Rural District Council, having found that their Bye-laws are too rigid for an agricultural District, have re-modelled them, and it remains to be seen whether the L.G.B. will sanction the revised code. Building in Rural Districts is costly, considering the rents which tenants can afford to pay, and therefore I hold very strongly that although Bye-laws requiring houses to be put up on sanitary lines should be adopted, yet the structural details necessary for towns are quite uncalled for in country places.

RIVER POLLUTION.

River Severn.

The pollutions of the River Severn are identically the same as described in my last Annual Report.

River Rea.

The King's Norton and Northfield Urban District Council have abandoned their Sewage Works at Lifford, and have made arrangements for the sewage to be treated at the Birmingham, Tame and Rea Drainage Farm.

This arrangement has reduced the contamination of the River so far as sewage is concerned; but the trade pollutions are the same as last year, and consequently the County Council addressed a letter to the District Council on the 15th March last informing them that unless action is taken to cause the pollution to cease at an early date, the Sanitary Committee will be constrained to take further action in the matter.

River Stour.

A considerable amount of sewage has recently been diverted from the River Stour to the Upper Stour Valley Main Drainage Farm at Whittington; but as the Lye and Wollescote Urban Council failed to compel all the house-owners in the District to connect their drains with the new sewers, and pollution of the Stour resulted, the County Council served notice upon the Lye Council under the Rivers Pollution Prevention Acts. It was not necessary, however, for the County Council to take further proceedings, as the Lye Council promptly applied to the L.G.B. for a loan of £3,000 to enable them to do the work in those cases where the owners declined to do so. This loan will be repayable by the owners of property for whom the Council carry out the work, and will not be a charge upon the rates.

A large amount of acid waste from galvanising works still finds its way into the River Stour, but at a meeting of Representatives of the Worcestershire and Staffordshire County Councils, of the District Councils in these Counties, as well as Manufacturers, which was held in Birmingham on the 2nd March, 1901, the following Resolutions were passed:—

“ That the Manufacturers undertake to neutralize the acid
“ waste before discharging it into the sewers, and they accept
“ the proposal that an independent Inspector should be ap-
“ pointed provisionally, by the County Councils to inspect their
“ works and collect samples, giving the Manufacturers the bene-
“ fit of any suggestions he may be able to give from his experi-
“ ence in regard to such neutralization.”

“ That the foregoing Resolution be submitted to the
“ Sanitary Committees of the Staffordshire and Worcestershire
“ County Councils, to be by them reported on to their respective
“ Councils.”

It is hoped, therefore, that before long definite action will be taken to prevent further pollution of the Stour by “acid waste.”

River Salwarpe.

The Droitwich Sewage Farm is an unquestionable source of pollution of the River Salwarpe, inasmuch as the pumping arrangements for lifting the sewage to the farm are quite inadequate, and the land itself is in a neglected condition.

Such being the case, the Clerk of the County Council has been instructed to call the attention of the Droitwich Corporation to the matter.

SPECIAL REPORTS.

As required by Article 18 (16) of the Orders of the Local Government Board relative to the duties of Medical Officers of Health, 67 Special Reports were forwarded to the County Council during the year 1900.

50 of these referred to closure of Schools on account of Measles, 7 in consequence of Scarlet Fever, 3 on account of Diphtheria, 4 owing to the prevalence of Whooping Cough, and 1 on account of Mumps.

The two other Special Reports had reference to epidemics of Diphtheria, one at Rashwood in the Droitwich Rural District, and the other at Kidderminster.

COUNTY LABORATORY.

As the County Analyst and Bacteriologist has made a full Report on the large amount of work which has been carried out in his department during last year, it does not come within my province to do so, but I am quite alive to the fact that the work in this department, which has reference not only to general analyses of Food, Water, etc., but also to bacteriological research, is much valued by Medical Officers and Medical Practitioners in the County.

For full details of the work carried out, reference should be made to Mr. Duncan's Report, dated February, 1901.

ARSENICAL BEER.

During the latter part of 1900, numbers of cases of illness in England and Wales were traced to the consumption of Arsenical Beer; consequently I made enquiries of the Medical Officers in the County and found that, with the exception of Stourbridge Urban District, the Administrative County had been quite free from any such outbreak. A medical man in Stourbridge wrote me (6th December, 1900) that he had treated about 30 cases, which he traced to one lot of beer supplied by a northern firm.

On my recommendation 86 samples of beer from different parts of the County were submitted to the County Analyst in December last. The following is an extract from the County Analyst's Report

bearing on the question, viz. :

“Of the 86 samples of Beer and Stout analysed by me, only one contained arsenic, and this sample was sent for analysis because it had caused illness.

“31 samples of other substances, viz., common sweets, jams, syrup, etc., which might contain glucose, and therefore arsenic, were examined.

“No arsenic was detected in any of the foods, but traces were detected in Sulphur and Copper Sulphate.”

Bewdley Urban District.

TABLE A.

Area in acres, 2,105.				
Population 1891	...	...	2,876	
„ 1901	...	...	2,866	
Decrease 1891-1901...				10
Estimated Population, 1900			2,876	

Name of Medical Officer of Health, TREVOR WEBSTER.

Mortality per 1,000 of Population living during same period.

Birth Rate, 24·6.		Nett Death Rate, 17·7.	
(a) Zymotic Death Rate, 0·34.		(b) Inf. Mortal, 98.	
Phthisis Death Rate, 0·34.		(c) Resp. Death Rate, 2·7.	
Smallpox Death Rate, 0·0.		Measles Death Rate, 0·34.	
Scarlatina Death Rate, 0·0.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0·0.		Croup Death Rate, 0·0.	
(e) Diarrhœa Death Rate, 0·0.		(d) Fever Death Rate, 0·0.	
		(f) Enteritis Death Rate, 0·69.	
Cancer, Malignant Disease Death Rate, 1·04.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			2			4	3	
Deaths ..		1						
Hospital Cases								
„ Deaths								

Diseases prevalent:—Measles and Whooping Cough. Influenza in early part of the year.

Period :—January to March, June and July.

Schools Closed :—None.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.” Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Bewdley Urban District.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	2,876	62	19.3	9	146	52	16.2				52	16.2
1891.	2,876	75	26.1	20	266	62	21.6				62	21.6
1892.	2,876	106	38.6	10	94	48	16.6				48	16.6
1893.	2,876	86	29.6	8	93	51	17.5				51	17.5
1894.	2,876	102	35.1	13	132	44	15.1				44	15.1
1895.	2,876	64	22.2	14	216	60	20.8				60	20.8
1896.	2,876	84	29.2	13	154	53	18.4				53	18.4
1897.	2,876	88	30.5	11	125	43	14.9				43	14.9
1898.	2,876	72	25.0	11	152	42	14.6				42	14.6
1899.	2,876	76	26.4	12	157	41	14.2				41	14.2
Averages for years 1890-1899.	2,876	81	28.2	12	153	49	17.0				49	17.0
1900.	2,876	71	24.6	7	98	51	17.7	-	-	-	51	17.7

*Rates calculated per 1,000 of estimated population.

Bewdley Urban District.

TABLE IV.
Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards
Small-pox							
Measles	1		1				
Scarlet Fever							
Whooping-cough							
Diphtheria and membranous croup							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza	1					1	
Cholera							
Plague... ..							
Diarrhœa							
Enteritis	2	1	1				
Puerperal fever							
Erysipelas							
Other septic diseases... ..							
Phthisis	1					1	
Other tubercular diseases	2		1	1			
Cancer, malignant disease... ..	3					2	1
Bronchitis	3	2		1			
Pneumonia	4					3	1
Pleurisy							
Other diseases of Respiratory organs							
Alcoholism {							
Cirrhosis of liver {							
Venereal diseases							
Premature Birth	1	1					
Diseases and accidents of parturition	2	2					
Heart diseases... ..	8					7	1
Accidents	3	1				2	
Suicides	1				1		
.....							
.....							
.....							
.....							
All other causes... ..	19			1	1	7	10
All causes	51	7	3	3	2	23	13

Bewdley Urban District.

Mr. Webster states that the death rate, 17·7, was in a great measure due to a severe epidemic of Influenza during the first part of the Quarter, and adds that Measles and Whooping Cough were also prevalent in the Borough.

It is satisfactory to notice (Table I.) that the Infantile Mortality for 1900 (98) was very much below the average for the years 1890-99 (153).

The scheme for supplying the Borough with water from deep borings has been commenced, and the Corporation have quite recently (15th May, 1901) received a report from Mr. Berrington, C.E., upon a sewerage scheme capable of dealing not only with Bewdley, but also with Wribbenhall.

There is therefore every probability that the insanitary condition of Bewdley will be dealt with in an efficient manner before very long.

I stated in my Digest of Annual Reports for last year that I trusted "the Corporation (would) approach some neighbouring Hospital Authority with the view of ascertaining whether any cases of "infectious disease arising in the Borough could be treated"; and it is satisfactory therefore to learn that such arrangements have been made with the Kidderminster Corporation. Improvement has apparently been made in the house accommodation of the Borough; but Mr. Webster thinks that as the District is becoming more popular, some houses are over-crowded in the summer months. The bake-houses, Slaughter-houses and Dairies and Cowsheds are reported to have been regularly inspected.

Bromsgrove Urban District.

TABLE A.

Area in acres, 1,061.				
Population 1891	...	...	7934.	
„ 1901	...	...	8416.	
Increase 1891-1901	...	482		
Estimated Population 1900		8500.		

Name of Medical Officer of Health, H. CAMERON KIDD, M.B.

Mortality per 1,000 of Population living during same period.

- Birth Rate, 24·3.
- Nett Death Rate, 18·0.
- (a) Zymotic Death Rate, 1·4.
- (b) Inf. Mortal, 96.
- Phthisis Death Rate, 1·05.
- (c) Resp. Death Rate, 2·5.
- Smallpox Death Rate, 0·0.
- Measles Death Rate, 0·58.
- Scarlatina Death Rate, 0·11.
- Diphtheria and Membranous
- Whooping Cough Death Rate, 0·0.
- Croup Death Rate, 0·0.
- (d) Fever Death Rate, 0·11.
- (e) Diarrhœa Death Rate, 0·47.
- (f) Enteritis Death Rate, 0·35.
- Cancer, Malignant Disease Death Rate, 1·05.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			11			3	7	1
Deaths ...		5	4*			1		1
Hospital Cases			4					
„ Deaths								

Diseases prevalent :—Measles.
Period :—September, October, November.
Schools Closed :—

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

* 3 deaths occurred in Hospital from outside District, viz., 1 from Redditch, 1 from Droitwich, 1 from North Bromsgrove.

Bromsgrove Urban District.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	8,000	264	31.0	36	136	165	19.4	32				
1891.	8,000	249	31.3	27	108	149	18.7	28				
1892.	8,000	245	30.8	39	159	205	25.8	55				
1893.	8,000	279	35.1	51	182	160	20.1	28				
1894.	8,000	226	28.4	24	106	126	15.8	34				
1895.	8,000	244	30.5	34	139	139	17.3	30				
1896.	8,000	234	29.2	30	128	115	14.3	22				
1897.	8,000	241	30.1	32	132	146	18.2	20				
1898.	8,150	225	27.6	31	133	146	16.6	25				
1899.	8,250	217	26.3	36	165	159	18.7	36	4		155	18.7
Averages for years 1890-1899.	8,040	242	30.0	34	138	151	18.4	31				
1900.	8,500	217	24.3	21	96	157	18.0	34	4		153	18.0

* Rates calculated per 1,000 of estimated population.

Bromsgrove Urban District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	5	1	4				
Scarlet fever	4*		2	2			
Whooping-cough							
Diphtheria and membranous croup							
Croup							
Fever { Typhus							
{ Enteric	1			1			
{ Other continued							
Epidemic influenza	10					3	7
Cholera							
Plague... ..							
Diarrhœa	4	4					
Enteritis	3				1		2
Puerperal fever	1				1		
Erysipelas							
Other septic diseases... ..	2	1				1	
Phthisis	9		1	1	3	4	
Other tubercular diseases	2			1		1	
Cancer, malignant disease	9					1	8
Bronchitis	11	1	1			1	8
Pneumonia	10	1			1	6	2
Pleurisy	1					1	
Other diseases of Respiratory organs							
Alcoholism }	3					1	2
Cirrhosis of liver }							
Venereal diseases	1	1					
Premature birth	7	7					
Diseases and accidents of parturition							
Heart diseases	15				1	6	8
Accidents	1					1	
Suicides							
.....							
.....							
.....							
.....							
All other causes	58	5	1		1	13	38
All causes	157	21	9	5	8	39	75

* 3 of these occurred among patients brought into Hospital from outside District.

Bromsgrove Urban District.

Dr. Kidd discusses at length the high death rate for 1900 (18·0), which is slightly below the average for the years 1890-99 (18·4), and adds that it "is not what it should be in a town like Bromsgrove." He mentions that in his opinion there would soon be a definite decline in this rate if the following questions were dealt with vigilantly, viz.,

1. The privies and cesspits of the town, many of which are centres of danger and are capable of vast improvement.
2. The paving of yards and courts, and attention to surface drainage round all dwellings, and to slop disposal in particular.
3. The receptacles for dust and dry house refuse.
4. The condition of all slaughter houses and dairies.
5. The ventilation and cleansing of the dwellings of the poor.

Dr. Kidd points out that some of the satisfactory features of the report are that the Zymotic disease is considerably below the average of recent years, and that the Diarrhœa death rate and infantile mortality are the lowest ever recorded. Table A shows that the outbreaks of infectious disease were few in number, although Measles (5 deaths) was epidemic during the year. Dr. Kidd reminds his Council that the District is "still without organised facilities for isolating Smallpox promptly," and "hopes that the Hospital Committee may be able to arrange for this before actual emergency arises." It is mentioned that a good deal has been done to improve the house accommodation; 67 dwellings having been cleansed and white-washed, and 10 in the neighbourhood of Worcester Street closed as unfit for habitation. Dr. Kidd, however, adds that "it is undeniable that in the poorer parts, off Worcester Street and behind Hanover Street and St. John Street, the state of many of the houses is very bad."

Considerable improvement seems to have been made in the excrement disposal; but Dr. Kidd says he regrets that it will take a long time at the present rate to get rid of all the privy cesspits in the town.

The Slaughter-houses evidently continue to be unsatisfactory, and some of the Cowsheds appear not to be above reproach. Dr. Kidd concludes his report with some useful hints as to the prevention of Tuberculosis and urges that samples of milk from each Dairy in the Town should be tested bacteriologically. This latter recommendation will, I hope, be most seriously considered by the District Council.

North Bromsgrove Urban District.

TABLE A.

Area in acres, 10,596.			
Population 1891 ...	...	5,072	
„ 1901 ...	...	5,687	
Increase 1891-1901	...	615	
Estimated Population 1900		5,450	

Name of Medical Officer of Health, H. CAMERON KIDD, M.B., F.R.C.S.

Mortality per 1,000 of Population living during same period.

Birth Rate, 26.4.		Death Rate, 11.3.	
(a) Zymotic Death Rate, 1.2.		(b) Inf. Mortal, 69.	
Phthisis Death Rate, 0.36.		(c) Resp. Death Rate, 1.4.	
Smallpox Death Rate, 0.0.		Measles Death Rate, 0.36.	
Scarlatina Death Rate, 0.18.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0.18.		Croup Death Rate, 0.0.	
(e) Diarrhœa Death Rate, 0.55.		(d) Fever Death Rate, 0.0.	
		(f) Enteritis Death Rate, 0.36.	
Cancer, Malignant Disease Death Rate, 0.18.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			22	3		2	2	1
Deaths ...		2	1					
Hospital Cases			13					
„ Deaths			1					

Diseases prevalent :—Scarlet Fever, Measles.

Period:—August, September, October. Measles in December.

Schools Closed :—St. Chadd's National Schools, Rubery, in May for Measles. Lickey End Board School, end of December for Measles.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 Epidemic enteritis;
 Zymotic enteritis;
 Epidemic diarrhœa. Summer diarrhœa;
 Dysentery and dysenteric diarrhœa;
 Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa." Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

North Bromsgrove Urban District.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-Residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	5,072	153	31.5	24	156	80	16.5				80	16.5
1891.	5,072	145	28.7	17	116	75	14.7				75	14.7
1892.	5,072	157	30.9	26	165	81	15.9				81	15.9
1893.	5,100	180	35.3	29	161	100	19.6				100	19.6
1894.	5,100	135	26.2	20	148	69	13.3				69	13.3
1895.	5,150	164	31.8	18	109	73	14.1				73	14.1
1896.	5,200	149	28.9	18	120	73	14.1				73	14.1
1897.	5,300	132	24.9	18	136	67	12.6				67	12.6
1898.	5,350	167	31.2	18	107	71	13.2				71	13.2
1899.	5,400	143	26.4	20	139	61	11.9				61	11.9
Averages for Years 1890-1899.	5,181	152	29.5	20	135	66	14.5				66	14.5
1900.	†5,450	144	26.4	10	69	62	11.3				62	†11.3

* Rates calculated per 1,000 of estimated population.

North Bromsgrove Urban District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	2		2				
Scarlet Fever							
Whooping-cough ..	1		1				
Diphtheria and membranous croup ...							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza ...	5		1		2		2
Cholera							
Plague... ..							
Diarrhœa	3	2	1				
Enteritis	2			1		1	
Puerperal fever							
Erysipelas							
Other septic diseases...							
Pththsis	2					2	
Other tubercular diseases	3		1	1		1	
Cancer, malignant disease	1					1	
Bronchitis	4	1				1	2
Pneumonia	4	1				3	
Pleurisy							
Other diseases of Respiratory organs ...							
Alcoholism							
Cirrhosis of liver } ...	2					2	
Venereal diseases							
Premature birth	4	4					
Diseases and accidents of parturition ...	2					2	
Heart diseases	10					5	5
Accidents							
Suicides							
Rheumatic Fever ...	2			1		1	
.....							
.....							
.....							
All other causes ...	15	2		1		5	7
All causes ..	62	10	6	4	2	24	16

North Bromsgrove Urban District.

Dr. Kidd reports favorable Vital Statistics for the year, and adds that "the year as a whole has been uneventful in sanitary matters generally and that there is little of special importance to record."

Table A shows that Measles was prevalent and necessitated the closure of the National Schools at Rubery, and the Lickey End Board Schools.

22 cases of Scarlet Fever were also reported, and Dr. Kidd explains that the great majority of these were due to the fact that the mother of one of the children first attacked declined to allow the child to be removed to the Isolation Hospital, and that before a Magisterial Order could be executed the child had been removed by train to Hereford. Unfortunately, owing to the neighbours of this woman declining to give evidence, the proceedings undertaken under Section 126 of the Public Health Act, 1875, failed.

Dr. Kidd mentions that a death from Scarlatina occurred in the Isolation Hospital, and enlarges upon the benefits which that Institution has bestowed upon the community for whose benefit it was erected.

The Washingstocks Waterworks undertaken by the East Worcestershire Co., were not completed when the report was presented; but Dr. Kidd anticipates that when this is so it will greatly increase the powers of the Company for supplying every part of the District.

He states that the house accommodation generally shows improvement, that the Dairies and Cowsheds are fairly satisfactory, and concludes his report by offering some suggestions as to the prevention of Consumption.

Droitwich Borough.

TABLE A.

Area in acres, 1,705.

Population 1891 ... 4,021.
 „ 1901 ... 4,163.

Increase 1891-1901 ... 142.

Estimated Population 1900 4,338.

Name of Medical Officer of Health, P. A. RODEN, M.B.

Mortality per 1,000 of Population living during same period.

Birth Rate, 25·8.

Nett Death Rate, 14·7.

(a) Zymotic Death Rate, 0·9.

(b) Inf. Mortal, 116.

Phthisis Death Rate, 0·6.

(c) Resp. Death Rate, 2·0.

Smallpox Death Rate, 0·0.

Measles Death Rate, 0·0.

Scarlatina Death Rate, 0·0.

Diphtheria and Membranous

Whooping Cough Death Rate, 0·4.

Croup Death Rate, 0·2.

(e) Diarrhœa Death Rate, 0·2.

(d) Fever Death Rate, 0·0.

(f) Enteritis Death Rate 0·2.

Cancer, Malignant Disease Death Rate, 0·9.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			8	2		3	4	
Deaths ...				1				
Hospital Cases			6					
„ Deaths								

Disease prevalent :—Measles.

Period :—October, November, and December.

Schools Closed :—

(a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.

(b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.

(c) Includes Bronchitis, Pneumonia, Pleurisy and other diseases of respiratory organs.

(d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.

(e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;

Zymotic enteritis;

Epidemic diarrhœa. Summer diarrhœa;

Dysentery and dysenteric diarrhœa;

Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).

(f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.”

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	4,021	127	31.7	18	141	87	21.7				87	21.7
1891.	4,021	118	29.2	25	211	112	22.2				112	22.2
1892.	4,021	122	30.3	17	139	82	20.5				82	20.5
1893.	4,021	126	31.3	16	126	88	22.0		17		71	17.7
1894.	4,021	114	27.7	16	140	102	25.5		23		79	19.9
1895.	4,021	130	31.4	22	168	102	25.5		15		87	21.0
1896.	4,130	123	29.4	24	195	79	18.9		9		70	16.8
1897.	4,177	109	26.0	12	110	82	19.6		16		56	15.8
1898.	4,177	112	26.8	14	125	75	17.9		8		67	13.6
1899.	4,338	102	23.5	8	78	74	17.0		16		58	13.6
Averages for Years 1890-1899.	4,103	118	28.7	17	143	88	21.0		13		76	18.2
1900.	† 4,338	112	25.8	13	116	75	17.2		11		64	† 14.7

* Rates calculated per 1,000 of estimated population.

† The Census 1901 shows Population to be 4,162, therefore on this basis the nett Death-rate would be 15.2

Borough of Droitwich.

TABLE IV.

Causes of, and ages at, Deaths during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough ...	2	I	I				
Diphtheria and membranous croup ...	I			I			
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza ...	2						2
Cholera							
Plague							
Diarrhœa	I	I					
Enteritis	I			I			
Puerperal fever							
Erysipelas							
Other septic diseases...							
Phthisis	3					3	
Other tubercular diseases	3	I	I		I		
Cancer, malignant disease	4					I	3
Bronchitis	6	2				I	3
Pneumonia	I					I	
Pleurisy	2					I	I
Other diseases of Respiratory organs ...	2					I	I
Alcoholism	I					I	
Cirrhosis of liver ...							
Venereal diseases							
Premature Birth	I	I					
Diseases and accidents of parturition ...	2					2	
Heart diseases	9				I	6	2
Accidents	4			I		2	I
Suicides							
Rheumatism	I					I	
.....							
.....							
.....							
All other causes ...	29	7				3	19
All causes	75	13	2	3	2	23	32

Droitwich Borough.

Dr. Roden mentions that if the 11 deaths which occurred among non-residents are deducted from the total number registered, the nett death rate for 1900 was 14·7 as compared with an average of 18·2 for the years 1890-99.

The 1901 census shews that the population of the Borough is 4,163, whereas Dr. Roden's estimate for 1900 was 4,338. Therefore on the 1901 census basis the nett death rate would be 15·3, not 14·7 as calculated by Dr. Roden.

Table A shows that there were few cases of notifiable disease reported.

Dr. Roden mentions that the Slaughter-houses, Canal Boats, and Lodging-houses have been inspected and found satisfactory.

No reference is made to the excrement disposal or sewerage of the Borough, but it is again mentioned that there are no bye-laws. Apparently, as this matter has been under consideration for so many years, the Corporation do not consider it one of much importance. How it is possible for a Borough to be well regulated without sanitary bye-laws I am at a loss to understand.

Borough of Evesham.

TABLE A.

Area in acres, 2,265.			
Population 1891	...	...	5,836
„ 1901	...	...	7,108
Increase 1891-1901	...	...	1,265
Estimated Population, 1900			7,545
Name of Medical Officer of Health, G. H. FOSBROKE, D.P.H., Camb.			
Mortality per 1,000 of Population living during same period.			
Birth Rate, 27·7.		Nett Death Rate, 17·0.	
(a) Zymotic Death Rate, 1·4.		(b) Inf. Mortal, 146.	
Phthisis Death Rate, 0·9.		(c) Resp. Death Rate, 3·0.	
Smallpox Death Rate, 0·0.		Measles Death Rate, 0·7.	
Scarlatina Death Rate, 0·0.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0·0.		Croup Death Rate, 0·0.	
(e) Diarrhœa Death Rate, 0·3.		(d) Fever Death Rate 0·2.	
		(f) Enteritis Death Rate, 0·3.	
Cancer, Malignant Disease Death Rate, 0·7.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup	Fever.	Erysipelas.	Puerperal Fever.
Cases ...		731	2	3		8	8	
Deaths ...		6						
Hospital Cases			2			4		
„ Deaths								

Diseases prevalent :—Measles.
Period :—November and December.
Schools Closed :—Four.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 - Epidemic enteritis;
 - Zymotic enteritis;
 - Epidemic diarrhœa. Summer diarrhœa;
 - Dysentery and dysenteric diarrhœa;
 - Choleraic diarrhœa, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa." Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Borough of Evesham.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	5,310	166	31.2	24	144	75	14.1					
1891.	5,836	181	31.0	15	82	95	16.2					
1892.	5,836	177	30.3	29	163	106	18.1					
1893.	5,836	189	32.3	18	95	74	12.6					
1894.	5,836	184	31.5	18	97	79	13.5					
1895.	5,836	203	34.7	26	128	98	16.7					
1896.	5,836	212	36.3	19	89	80	13.7					
1897.	7,150	206	28.7	24	116	93	13.0					
1898.	7,150	201	28.1	24	119	101	14.1					
1899.	7,545	228	27.5	20	96	103	13.6					
Averages for years 1890-1899.	6,217	192	30.8	21	109	90	14.4					
1900.	† 7,645	212	27.7	31	146	128	16.7	5	3	5	130	† 17.0

* Rates calculated per 1,000 of estimated population.

† The Census 1901 shows population to be 7,101, therefore on this basis the nett Death-rate would be 18.2.

Borough of Evesham.

TABLE IV.
Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards
Small-pox							
Measles	6		5	1			
Scarlet Fever							
Whooping-cough							
Diphtheria and membranous croup							
Croup							
Fever { Typhus	2					2	
Enteric							
Other continued							
Epidemic influenza	5	1	1	1			2
Cholera							
Plague... ..							
Diarrhœa	3	2	1				
Enteritis	3	3					
Puerperal fever							
Erysipelas	1					1	
Other septic diseases... ..							
Phthisis	7				3	3	1
Other tubercular diseases	1					1	
Cancer, malignant disease... ..	6					4	2
Bronchitis	10	3				2	5
Pneumonia	11	3	3	1	2	1	1
Pleurisy	1					1	
Other diseases of Respiratory organs	1	1					
Alcoholism	2					2	
Cirrhosis of liver }							
Venereal diseases							
Premature Birth	4	4					
Diseases and accidents of parturition							
Heart diseases... ..	9				2	2	5
Accidents	8			4	1	2	1
Suicides							
.....							
.....							
.....							
.....							
All other causes... ..	48	14	2	1		12	19
All causes	128	31	12	8	8	33	36

Borough of Evesham.

It is shown that the nett death rate of the Borough (17.0), calculated on an estimated population of 7,545, is above the average of the years 1890-99 (14.4), and that it is due to the high respiratory death rate and the fatality of Measles and Influenza. As, however, the 1901 census shows that the real population was 7,101, on that basis the nett death rate would be 18.2. Similarly the infantile mortality (149) is much higher than the average for the years 1890-99 (109), and is chiefly due to 3 deaths from Enteritis, 3 from Bronchitis, and 3 from Premature Birth.

Table A shows that Measles, which was notifiable in the Borough, was extremely prevalent (731 cases, 6 deaths), and necessitated the closure of four elementary schools.

The Corporation, after considering a special report I presented on this subject, came to the conclusion that notification does not under present methods of sanitary administration avert epidemics, neither does it appear to beneficially affect the public health as was anticipated. Consequently, with the consent of the L.G.B., it has now been removed from the schedule of notifiable diseases.

Eight cases of Typhoid Fever were reported, and two of these were fatal. It would seem that the etiology of the first case is not quite clear, although there was decided evidence that it may have been associated with local drainage defects.

The other case appears to have arisen by direct infection, inasmuch as owing to the extremely bad state of the Sanatorium Road the first case notified could not be removed to Hospital. Much has been done to improve the Courts and Alleys during the past year. The Town water is shown to maintain its high quality.

The Lodging Houses, Bakehouses, and Dairies, Cowsheds, and Milkshops are inspected, but the Workshops require more constant supervision.

The River Avon is shown to be polluted by the defective sewage works, but this will be obviated when the scheme just sanctioned by the L.G.B., and estimated to cost £7,500, is complete.

Borough of Kidderminster.

TABLE A.

Area in acres, 1,213.			
Population 1891	...	...	24,803.
„ 1901	...	...	24,692.
<hr/>			
Decrease 1891-1901	...	...	111
Estimated Population 1900	25,000.		

Name of Medical Officer of Health, DAVID CORBET.

Mortality per 1,000 of Population living during same period.

Birth Rate, 24.0.	Nett Death Rate, 21.6.
(a) Zymotic Death Rate, 1.8.	(b) Inf. Mortal, 171.
Phthisis Death Rate, 1.2.	(c) Resp. Death Rate, 4.5.
Smallpox Death Rate, 0.0.	Measles Death Rate, 0.6.
Scarlatina Death Rate, 0.08.	Diphtheria and Membranous
Whooping Cough Death Rate, 0.12.	Croup Death Rate, 0.8.
(d) Fever Death Rate, 0.12.	(e) Diarrhœa Death Rate, 0.28.
	(f) Enteritis Death Rate, 1.52.

Cancer, Malignant Disease Death Rate, 1.0.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			40	75	4	20	53	2
Deaths ...		16	2	17	4	1	3	2
Hospital Cases			22*					
„ Deaths								

Diseases prevalent :—Diphtheria and Measles.

Period :—

Schools Closed:—1 Infant School from Diphtheria and 7 from Measles.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 Epidemic enteritis;
 Zymotic enteritis;
 Epidemic diarrhœa. Summer diarrhœa;
 Dysentery and dysenteric diarrhœa;
 Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.” Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

* In addition to 3 from The Infirmary; 9 from Kidcerminster Rural District; 2 from Droitwich Rural District, and 1 from Martley.

Borough of Kidderminster.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	26,000	701	26.5	130	184	448	17.2	68				
1891.	24,803	729	25.1	96	131	452	18.1	73				
1892.	25,000	674	26.9	108	160	478	19.1	82				
1893.	25,000	668	26.7	97	145	431	17.2	81				
1894.	25,000	641	25.6	78	121	391	15.6	86				
1895.	25,000	637	25.4	104	163	471	18.8	107				
1896.	25,000	614	24.5	108	175	398	15.9	80				
1897.	25,000	617	24.6	111	179	427	17.0	82				
1898.	25,000	568	22.7	89	156	394	15.7	90				
1899.	25,000	571	22.8	87	152	436	17.4	97				
Averages for years 1890-1899.		642	25.1	100	157	432	17.2	84				
1900.	† 25,000	600	24.0	103	171	542	21.6	133	43		499	† 19.9

*Rates calculated per 1,000 of estimated population.

† The Census for 1901 shows population to be 24,692, therefore on this basis the nett Death-rate would be 20.2.

Borough of Kidderminster.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	16	6	8	2			
Scarlet fever	2			1	1		
Whooping-cough	3	1	2				
Diphtheria and membranous croup	21*		16	4	1		
Croup							
Fever { Typhus							
{ Enteric	1				1		
{ Other continued							
Epidemic influenza	1						1
Cholera							
Plague... ..							
Diarrhœa	7	7					
Enteritis	38	31	4		1	2	
Puerperal fever	2					2	
Erysipelas	3	1					2
Other septic diseases...							
Phthisis	31			1	6	24	
Other tubercular diseases	9	1	1	2	1	3	1
Cancer, malignant disease	25				1	15	9
Bronchitis	78	8	6	1		23	40
Pneumonia	35	4	5		2	20	4
Pleurisy							
Other diseases of Respiratory organs	4	2					2
Alcoholism							
Cirrhosis of liver }	2					1	1
Venereal diseases	1					1	
Premature birth	12	12					
Diseases and accidents of parturition	10				1	9	
Heart diseases	52			1	3	28	20
Accidents	19		2	4	1	8	4
Suicides	1					1	
Old Age	43					1	42
.....							
.....							
.....							
All other causes	126	30	6	4	4	43	39
All causes	542	103	50	20	23	181	165

* 4 Membranous Croup.

Borough of Kidderminster.

Mr. Corbet reports a high death rate for 1900 (21·6), and even after excluding 43 deaths among non-residents it would seem that the nett death rate is as high as 19·9.

Table A shows that Diphtheria (75 cases, 17 deaths) was prevalent during the year. It would appear that the sanitary condition of most of the houses in which the cases occurred was satisfactory; but Mr. Corbet mentions that the worst outbreak was connected with the St. John's Infant School, where he found on examining the underground drainage that "most of the pipes had been laid without joints: Doultons traps badly connected: and branch pipes put into straight pipes without junctions."

From a special report (a copy of which Mr. Corbet sent to the County Council), it would appear that he did not consider this outbreak of Diphtheria arose at this School, but he had little doubt that the School was the means of spreading the disease. As soon as this defective drainage was discovered it was rectified, and the school reopened; since when no case has occurred amongst the Scholars. The 20 cases of Typhoid Fever occurred in 19 houses; but, with one exception, no explanation of their causation is given. The Borough is said to have experienced a severe epidemic of Measles during the year, no less than 16 deaths having been attributed to that cause. Seven infant schools were consequently closed. Of the 47 patients suffering from Scarlet Fever admitted into the Borough Hospital, 9 came from the Kidderminster Rural District, 2 from Droitwich Rural District, 3 from the Borough Infirmary, and 1 from the Martley Rural District.

The Hospital is reported to have been improved during the year, and a "Thresh" disinfector erected at a cost of £300.

The Slaughter-houses, Bakehouses, Lodging Houses, Dairies, Cowsheds, and Milkshops are reported to have been kept in a cleanly condition, but a public Slaughter-house is recommended. The Court sweeping is again highly spoken of; 230 dirty houses have been cleansed. It is mentioned that 8 samples of Beer were tested by the Analyst for arsenic; but only one was certified to contain a small trace, and this was taken from a House supplied by a Manchester Brewery.

King's Norton and Northfield Urban District.

TABLE A.

Area in acres, 21,636.			
Population 1891 ...	...	28,300	
„ 1901 ...	...	57,120	
<hr/>			
Increase 1891-1901	...	28,820	
Estimated Population 1900		60,000	

Name of Medical Officer of Health, FRANCIS HOLLINSHEAD, M.D.

Mortality per 1,000 of Population living during same period.

- | | |
|----------------------------------|--------------------------------|
| Birth Rate, 27·5. | Death Rate, 12·2. |
| (a) Zymotic Death Rate, 1·1. | (b) Inf. Mortal, 130. |
| Phthisis Death Rate, 0·9. | (c) Resp. Death Rate, 2·5. |
| Smallpox Death Rate, 0·0. | Measles Death Rate, 0·3. |
| Scarlatina Death Rate, 0·05. | Diphtheria and Membranous |
| Whooping Cough Death Rate, 0·11. | Croup Death Rate, 0·2. |
| (e) Diarrhœa Death Rate, 0·2. | (d) Fever Death Rate, 0·2. |
| | (f) Enteritis Death Rate, 0·3. |

Cancer, Malignant Disease Death Rate, 0·7.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ..			126	85	6	45	47	2
Deaths ...		22	3	12	1	12	6	
<hr/>								
Hospital Cases			119*					
„ Deaths			2					

Diseases prevalent :—Scarlet Fever, Diphtheria & Measles.

Period:—Whole year.

Schools Closed :—March, June & December.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."
- Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

* 5 Cases admitted from outside District.

King's Norton and Northfield Urban District.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	28,396	657	23.1	79	120	419	14.7	101	70		349	12.2
1891.	28,300	735	25.9	81	110	427	15.0	107	79		348	12.2
1892.	28,562	837	29.3	92	109	474	16.5	120	88		386	13.5
1893.	29,884	834	27.9	114	136	537	17.9	117	96		441	14.7
1894.	30,977	785	25.3	90	114	442	14.2	145	108		334	10.7
1895.	34,127	1,010	29.5	108	106	499	14.6	123	100		399	11.6
1896.	38,117	1,031	27.0	122	118	541	14.1	124	102		439	11.5
1897.	42,700	1,149	26.9	170	147	643	15.0	163	123		520	12.1
1898.	48,500	1,332	27.4	171	128	652	13.4	141	113		539	11.1
1899.	55,750	1,546	27.7	187	120	755	13.5	182	118		637	11.4
Averages for Years 1890-1899.	36,531	991	27.0	121	121	538	14.9	132	99		439	12.1
1900.	† 60,000	1,651	27.5	215	130	921	15.3	226	189	1	733	† 12.2

* Rates calculated per 1,000 of estimated population.

† The Census 1901 shows Population to be 57,120, therefore on this basis the nett Death-rate would be 12.8.

King's Norton and Northfield Urban District.

TABLE IV.
Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	22	6	16				
Scarlet Fever	2		2				
Whooping-cough ..	7	5	2				
Diphtheria and membranous croup ...	13		8	4		1	
Croup							
Fever { Typhus							
{ Enteric	6				3	3	
{ Other continued							
Epidemic influenza ...	15		1		1	6	7
Cholera							
Plague... ..							
Diarrhœa	26	21	1	2		1	1
Enteritis	21	17	2	1			1
Puerperal fever							
Erysipelas	6				1	4	1
Other septic diseases...							
Pththisis	31	1	2	1	4	23	
Other tubercular diseases	30	9	11	5	2	2	1
Cancer, malignant disease	36					23	13
Bronchitis	62	22	3	1		20	16
Pneumonia	72	19	12	5	1	26	9
Pleurisy	5			1		3	1
Other diseases of Respiratory organs ...	3		2	1			
Alcoholism							
Cirrhosis of liver } ...	16				1	13	2
Venereal diseases ...	2	1				1	
Premature birth ...	42	42					
Diseases and accidents of parturition ...	8				1	7	
Heart diseases	57	2	1	2	5	25	22
Accidents	19	7	3	2	1	4	2
Suicides	6					4	2
.....							
.....							
.....							
.....							
All other causes ...	226	59	10	5	7	64	81
All causes ...	733	211	76	30	27	230	159

King's Norton and Northfield Urban District.

Dr. Hollinshead mentions that the statistics for 1900 may be considered very satisfactory and compare favorably with those of other years. His estimated population (60,000) is, however, somewhat too high, as the 1901 census shows it to be 57,120. On the latter basis, therefore, the nett death-rate would be as low as 12·8.

With reference to the notifiable diseases, Dr. Hollinshead says that Scarlet Fever has increased during the year, Diphtheria has diminished, but Typhoid Fever remains the same.

He mentions that the bulk of the Scarlet Fever cases occurred at King's Heath, Moseley, Selly Oak, Selly Park, Bournbrook, and the Workhouse.

There was a sudden outburst of the disease at King's Heath in the latter part of the year which necessitated the closing of the local Schools for a period of three weeks.

It is noteworthy that of 126 Scarlet Fever notifications, only 10 cases were actually treated at home; and in these instances the patients belonged to persons of the well-to-do classes, where isolation was practicable.

Of the 85 cases of Diphtheria, 66 occurred at King's Heath, and Dr. Hollinshead came to the conclusion that this outbreak was mainly due to children attending the local Board School, but was not in any way associated with the sanitary condition of that Institution. He pertinently remarks—"All my investigations confirm my first opinion "respecting this disease, viz., that the disease was kept alive by cases "not known to me, and who never came under the notice of a medical "man, and who stay away from school for a few days and return again "after a short illness of sore throat or, as the parents call it, an ordinary "cold, while all the time the child or children have had a mild form "of Diphtheria, and while they themselves suffer little, are capable of

“transferring the disease in a severe form to a child more susceptible ;
“and so the disease may go on increasing in virulence from a simple
“case such as above described.”

In spite of this outbreak of Diphtheria, I regret to report that the Health Committee of this District have come to the conclusion that it is not desirable to treat Diphtheria in their Hospital with the accommodation at present available.

Dr. Hollinshead remarks that this question is one of great importance, and the subject will still be kept before him. The Isolation Hospital treatment of Diphtheria is now the subject of correspondence between the County Council and the District Council.

Of the 45 cases of Typhoid Fever, 21 belonged to Rubery Asylum and Stirchley Street, and Dr. Hollinshead says that the disease did not assume epidemic form neither was it due to any sanitary defect. Measles was prevalent, and caused no less than 22 deaths.

It is reported that the Bakehouses, Dairies and Cowsheds are regularly inspected.

Special reference is made to the nuisance and consequent danger to health caused by privy middens and the method in which they are cleansed by “tipping” the contents into the roadway. Although no less than 245 of these privies have been converted to W.C.’s, Dr. Hollinshead urges increased energy in this direction. He has frequently referred to dwellings of the jerry built type, but he now adds that under the new bye-laws houses of a better class will be erected. Sewer extensions continue to be made where necessary. Two public mortuaries are recommended.

Once more the desirability of erecting a Destructor in order to do away with the “tip nuisance” is advocated.

The state of the River Rea was very foul in July and September, but this has to some extent been mitigated by diverting the sewage

from the Lifford works to the Tame and Rea Drainage Board Farm ; and Dr. Hollinshead says it will now be the duty of the Council to see that the manufacturers in the District do not pollute the stream. The County Sanitary Committee have recently informed the District Council that unless some definite steps are taken within the next three months to stop the existing pollution of the River Rea by manufacturing refuse, the County Council will be advised to take immediate action.

Lye and Wollescote Urban District.

TABLE A.

Area in acres, 784.			
Population 1891	...	...	10,165.
„ 1901	...	...	10,972.
Increase 1891-1901 ... 807.			
Estimated Population 1900 11,503.			

Name of Medical Officer of Health, HENRY CHRISTOPHER DARBY.

Mortality per 1,000 of Population living during same period.

- Birth Rate, 32·9.
- Nett Death Rate, 17·3.
- (a) Zymotic Death Rate, 3·8.
- (b) Inf. Mortal, 150.
- Phthisis Death Rate, 0·2.
- (c) Resp. Death Rate, 2·4.
- Smallpox Death Rate, 0·0.
- Measles Death Rate, 2·3.
- Scarlatina Death Rate, 0·4.
- Diphtheria and Membranous
- Whooping Cough Death Rate, 0·4.
- Croup Death Rate, 0·17
- (e) Diarrhœa Death Rate, 0·6.
- (d) Fever Death Rate, 0·17.
- (f) Enteritis Death Rate 1·0.

Cancer, Malignant Disease Death Rate, 0·7.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			68	3		21	12	2
Deaths ...		27	5	2		2		2
Hospital Cases			8			6		
„ Deaths			1			3		

Disease prevalent :—Scarlet Fever and Measles.

Period :—Latter half of year.

Schools Closed :—Lye and Wollescote, and Cemetery Road Board Schools (Infant Depts.), and Lye National School (Infant Dept.)

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy and other diseases of respiratory organs.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."
- Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- Residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.												
1891.												
1892.												
1893.												
1894.												
1895.												
1896.												
1897.	10,692	386	36.1	69	178	173	16.1					
1898.	10,779	382	35.4	65	170	200	18.5					
1899.	11,464	396	34.5	72	181	193	16.8					
Averages for Years 1897-1899.	10,971	388	35.3	66	176	188	17.1					
1900.	†11,503	379	32.9	57	150	200	17.3	13		6	206	†18.7

* Rates calculated per 1,000 of estimated population.

† The Census of 1901 shows Population to be 10,972, therefore on this basis the nett Death-rate would be 18.7.

Lye and Wollescote Urban District.

TABLE IV.
Causes of, and ages at, Deaths during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.
Small-pox							
Measles	27	3	24				
Scarlet Fever	5	1	3	1			
Whooping-cough	1			1			
Diphtheria and membranous croup	2		2				
Croup							
Fever { Typhus							
{ Enteric	2					2	
{ Other continued							
Epidemic influenza	11					5	6
Cholera							
Plague							
Diarrhœa	7	3	3				1
Enteritis	12	7	4				1
Puerperal fever	2					2	
Erysipelas							
Other septic diseases...							
Phthisis	3				1	2	
Other tubercular diseases	6	3		3			
Cancer, malignant disease	9					6	3
Bronchitis	16	4	4			7	1
Pneumonia	12	3	2			5	2
Pleurisy							
Other diseases of Respiratory organs	5	2	2			1	
Alcoholism	1					1	
Cirrhosis of liver							
Venereal diseases							
Premature Birth	17	17					
Diseases and accidents of parturition	2				2		
Heart diseases	12		1	1	1	6	3
Accidents	4		1	2		1	
Suicides							
Convulsions	9	8	1				
.....							
.....							
.....							
All other causes	35	6	2			7	20
All causes	200	57	49	8	4	45	37

Lye and Wollescote Urban District.

Dr. Darby reports a high birth-rate (32·9) and death-rate (17·3), the latter being above the average for the years 1897-99 (17·1). He states that there is a marked decrease in the deaths of children under 1 year of age. With regard to the work of the Health Missioner who the County Council have established in the District, he writes:—
 “Miss Long appears to have ingratiated herself with the people
 “and is, I believe, doing good work; in fact, the reduction
 “in the Infant mortality is difficult to account for, except on the score
 “of her influence and teaching, especially when we consider that two
 “epidemics, i.e., Scarlet Fever and Measles, have visited us this year.”

Only 8 of the 68 cases of Scarlet Fever notified, were removed to Hospital; but Dr. Darby is of opinion that when the new Hospital is erected and better accommodation provided, more cases will be sent in.

Measles was very prevalent and accounted for no less than 27 deaths. As regards the 21 cases of Typhoid Fever, it appears that 5 deaths occurred, but only 2 of these are given in the vital statistics, as the other 3 occurred at the Kingswinford Hospital, just outside the District. Dr. Darby says that with the gradual substitution of the various forms of W.C.'s for the old midden system, he anticipates that the number of cases of Typhoid Fever will be reduced.

It is mentioned that one or two Dairies infringe the drainage bye-laws. Demand for cottages still continues. Only 194 houses were connected with the sewers during the year, but when the contemplated loan for laying house drains is sanctioned, probably this work will proceed with greater expedition.

Some of the keepers of Slaughter-houses still infringe the bye-laws, but the Council are said to be taking steps to prevent this.

Malvern Urban District.

TABLE A.

Area in acres, 5,146.

Population 1891 ...	...	14,364
„ 1901 ...	...	16,448
Increase 1891-1901	...	2,084
Estimated Population 1900		16,300

Name of Medical Officer of Health, G. H. FOSBROKE, D.P.H., Camb.

Mortality per 1,000 of Population living during same period.

- Birth Rate, 19.1.
- Nett Death Rate, 12.8.
- (a) Zymotic Death Rate, 0.3.
- (b) Inf. Mortal, 99.
- Phthisis Death Rate, 0.5.
- (c) Resp. Death Rate, 1.8.
- Smallpox Death Rate, 0.0.
- Measles Death Rate, 0.06.
- Scarlatina Death Rate, 0.0.
- Diphtheria and Membranous
- Whooping Cough Death Rate, 0.0.
- Croup Death Rate, 0.12.
- (e) Diarrhœa Death Rate, 0.12.
- (d) Fever Death Rate, 0.06.
- (f) Enteritis Death Rate, 0.0.

Cancer, Malignant Disease Death Rate, 1.1.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Whooping Cough.
Cases ...	7	446	19	18		9	8	88
Deaths ...		1		2		1		
Hospital Cases			16					
„ Deaths								

Diseases prevalent :—Measles, Whooping Cough.

Period:—

Schools Closed :—Three.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."
- Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Malvern Urban District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-Residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	7,000	100	14.4	20	200	88	12.5					
1891.	6,107	88	14.4	7	79	65	10.6					
1892.	6,133	95	15.6	11	115	91	14.8					
1893.	6,178	95	15.3	8	84	72	11.6					
+1894.	6,185	91	14.7	16	175	85	13.7					
1895.	8,185	135	16.4	20	148	123	15.0					
+1896.	8,848	154	17.4	19	123	102	12.8					
1897.	8,848	146	16.5	13	89	112	12.6					
+1898.	14,838	347	23.4	28	79	196	13.2					
1899.	16,000	296	18.5	27	87	215	13.4					
Averages for Years 1897-1899.	8,832	154	17.4	16	103	114	12.9					
1900.	†16,300	312	19.1	31	99	217	13.3	—	18	10	209	12.8

* Rates calculated per 1,000 of estimated population.

Malvern Urban District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.
Small-pox							
Measles	1		1				
Scarlet Fever							
Whooping-cough							
Diphtheria and membranous croup	2		1	1			
Croup	1		1				
Fever { Typhus							
{ Enteric	1	1					
{ Other continued							
Epidemic influenza	7	1				4	2
Cholera							
Plague... ..							
Diarrhœa	2	1	1				
Enteritis							
Puerperal fever							
Erysipelas							
Other septic diseases...							
Pththsis	9				2	7	
Other tubercular diseases	2		1			1	
Cancer, malignant disease	19					10	9
Bronchitis	19	5	2	1		3	8
Pneumonia	11	1	1			6	3
Pleurisy							
Other diseases of Respiratory organs	1						1
Alcoholism							
Cirrhosis of liver }	3					2	1
Venereal diseases							
Premature birth	2	2					
Diseases and accidents of parturition	2				1	1	
Heart diseases	25				1	8	16
Accidents	6		1	1	1	3	
Suicides							
.....							
.....							
.....							
.....							
All other causes	104	20	3	5	2	18	56
All causes	217	31	12	8	7	63	96

Malvern Urban District.

The vital statistics for 1900 were satisfactory; the nett death rate (12.8) being very low.

Measles was prevalent (446 cases, 1 death), the largest number of cases occurring in March. I made a special report to the Council with regard to the effect (if any) on the public health of Measles having been scheduled as a notifiable disease, and with the result that this disease has now become non-notifiable in Malvern.

Owing to the prevalence of the disease last year three elementary schools were closed.

It is reported that facilities are now offered for carrying out disinfection in places that have been occupied by consumptive persons.

16 of the 19 cases of Scarlet Fever reported, were removed to Hospital; and since the close of the year a most complete Isolation Hospital to contain 22 beds and capable of affording accommodation for patients suffering from Scarlet Fever, Diphtheria, and Typhoid Fever has been opened.

A considerable amount of attention has been devoted to the Old Hollow, North Malvern, and Lower Howsell Districts, and much improvement has been effected.

Sewering of the whole District is now well nigh complete, this work having been very rapidly undertaken by the Council in recent years. A Refuse Destructor is advocated, and since this report was presented, the District Council have decided to erect one. The Lodging-houses, Slaughter-houses, and Dairies, Cowsheds and Milkshops are periodically inspected.

Oldbury Urban District.

TABLE A.

Area in acres, 3,525.			
Population 1891	...	...	22,697.
„ 1901	...	...	25,191.
<hr/>			
Increase 1891-1901	...		2,494.
Estimated Population 1900			26,400.
Name of Medical Officer of Health, GEO. B. BUTTERY.			
<i>Mortality per 1,000 of Population living during same period.</i>			
Birth Rate, 36.5.		Nett Death Rate, 20.6.	
(a) Zymotic Death Rate, 3.0.	(b) Inf. Mortal, 223.		
Phthisis Death Rate, 0.7.	(c) Resp. Death Rate, 5.8.		
Smallpox Death Rate, 0.0.	Measles Death Rate, 1.5.		
Scarlatina Death Rate, 0.1.	Diphtheria and Membranous		
Whooping Cough Death Rate, 0.4.	Croup Death Rate, 0.03.		
(e) Diarrhoea Death Rate, 0.5.	(d) Fever Death Rate, 0.3.		
	(f) Enteritis Death Rate 1.7.		
Cancer, Malignant Disease Death Rate, 0.4.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			88	2	1	22	32	4
Deaths ...		41	4		1	8	2	3
Hospital Cases						6		
„ Deaths						2		

Disease prevalent :—Scarlatina, Measles.

Period :—All the year.

Schools Closed :—All in District for Measles.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhoea.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy and other diseases of respiratory organs.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhoea" are to be included deaths certified as from diarrhoea, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhoea. Summer diarrhoea;
Dysentery and dysenteric diarrhoea;
Choleraic diarrhoea, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhoea." Deaths from diarrhoea secondary to some other well-defined disease should be included under the latter.

Oldbury Urban District

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	21,600	773	35.7	175	226	450	20.8				450	20.8
1891.	20,450	906	44.4	181	199	482	23.6				482	23.6
1892.	20,600	892	43.3	192	215	514	24.6				514	24.6
1893.	20,811	841	40.4	183	217	475	22.8				475	22.8
1894.	21,000	833	39.6	144	172	349	16.1				349	16.1
1895.	23,900	882	36.9	179	202	456	19.0				456	19.0
1896.	24,264	920	37.9	197	214	556	22.9				556	22.9
1897.	25,172	936	37.1	173	184	423	16.8				423	16.8
1898.	25,500	973	34.2	227	233	607	23.8				607	23.8
1899.	26,000	1,003	38.5	226	225	512	19.6				512	19.6
Averages for Years 1890-1899.	22,929	895	38.8	187	208	482	21.0				482	21.0
1900.	† 26,400	966	36.5	216	223	544	20.6				544	† 20.6

* Rates calculated per 1,000 of estimated population.

† The Census 1901 shows Population to be 25,191, therefore on this basis the nett Death-rate would be 21.5.

Oldbury Urban District.

TABLE IV.

Causes of, and ages at, Deaths during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	41	18	23				
Scarlet Fever	4		2	2			
Whooping-cough	12	5	4	3			
Diphtheria and membranous croup	1		1				
Croup							
Fever { Typhus	8			1	3	4	
Enteric							
Other continued							
Epidemic influenza	7					7	
Cholera							
Plague							
Diarrhoea	15	10	3			1	1
Enteritis	46	31	11			3	1
Puerperal fever	3				2	1	
Erysipelas	2		1			1	
Other septic diseases							
Phthisis	21	1			3	17	
Other tubercular diseases	5	2	3				
Cancer, malignant disease	11					9	2
Bronchitis	97	33	22	2	3	16	21
Pneumonia	55	19	10	3	1	18	4
Pleurisy							
Other diseases of Respiratory organs	2		1	1			
Alcoholism	4					4	
Cirrhosis of liver							
Venereal diseases							
Premature Birth	25	25					
Diseases and accidents of parturition	2	1				1	
Heart diseases	18					14	4
Accidents	7	1			1	5	
Suicides	3				1	1	1
Rheumatism	4			2		1	1
.....							
.....							
.....							
All other causes	151	70	12	2	1	28	38
All causes	544	216	93	16	15	131	73

Oldbury Urban District.

Dr. Buttery reports a high birth rate (36.5), death rate (20.6), and Infantile Mortality (223). The 1901 census shews the population to be 25,191, not 26,400 as estimated; therefore on the latter basis the nett death rate would be 21.5.

With respect to the Infantile Mortality Dr. Buttery says:—"I ascribe the cause of death amongst the children in a great measure to the pernicious system of feeding by bottle. This is particularly manifested during the summer months when infants die off in such numbers from gastric and intestinal diseases."

None of the 88 cases (4 deaths) of Scarlet Fever were removed to Hospital. With regard to the 22 cases (8 deaths) of Typhoid, Dr. Buttery says that there have been fewer cases notified than for some years past, and that he is of opinion that this is due in a great measure to an improved condition of the houses and yards as well as of drainage and flushing of sewers generally.

A serious outbreak of Measles which caused 41 deaths is referred to. New main sewers in Rood End, and Tat Bank, Titford Road, Pool Lane, and Causeway Green Road have been completed during the year, and steps for sewerage the upper part of Warley have also been taken. The night soil and scavenging department is said to be better looked after. The recommendations of the Oldbury Sanitary Committee with reference to Public Schools have been completed during the year.

Redditch Urban District.

TABLE A.

Area in acres, 1,032.			
Population 1891	...	...	11,311
„ 1901	...	...	13,493
<hr/>			
Increase 1891-1901	...	...	2,182
Estimated Population, 1900	14,000		

Name of Medical Officer of Health, THOMAS P. LITTLEJOHN.

Mortality per 1,000 of Population living during same period.

Birth Rate, 28.0.		Nett Death Rate, 18.8.	
(a) Zymotic Death Rate, 3.5.		(b) Inf. Mortal, 198.	
Phthisis Death Rate, 1.7.		(c) Resp. Death Rate, 3.7.	
Smallpox Death Rate, 0.0.		Measles Death Rate, 0.5.	
Scarlatina Death Rate, 0.0.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0.2.		Croup Death Rate, 1.1.	
(e) Diarrhœa Death Rate, 1.5.		(d) Fever Death Rate 0.07.	
		(f) Enteritis Death Rate, 0.2.	
Cancer, Malignant Disease Death Rate, 0.6.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup	Fever.	Erysipelas.	Puerperal Fever.
Cases	73	46	1	10	28	1
Deaths	8		15		1		
Hospital Cases			52					
„ Deaths								

Diseases prevalent:—Scarlet Fever and Diphtheria.

Period :—

Schools Closed :—

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 Epidemic enteritis;
 Zymotic enteritis;
 Epidemic diarrhœa. Summer diarrhœa;
 Dysentery and dysenteric diarrhœa;
 Choleraic diarrhœa, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.” Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Redditch Urban District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	11,395	358	31.4	43	120	172	15.0					
1891.	11,395	383	33.7	65	169	200	17.7					
1892.	11,360	384	33.8	78	203	202	17.7					
1893.	11,500	388	33.7	67	172	205	17.8					
1894.	11,630	330	28.3	26	78	129	11.0					
1895.	11,800	347	29.4	56	161	223	18.8					
1896.	12,000	341	28.3	78	228	206	17.1					
1897.	12,500	324	25.9	65	200	214	17.1					
1898.	14,000	388	27.7	73	188	209	14.9					
1899.	14,000	382	27.2	65	170	184	13.1					
Averages for years 1890-1899.	12,148	362	29.9	61	168	194	16.0					
1900.	† 14,000	392	28.0	78	198	264	18.8	5				

* Rates calculated per 1,000 of estimated population.

† The Census 1901 shows population to be 13,493, therefore on this basis the nett Death-rate would be 19.5.

Redditch Urban District.

TABLE IV.
Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	8		5	3			
Scarlet fever							
Whooping-cough	3	2	1				
Diphtheria and membranous croup	16		10	6			
Croup							
Fever { Typhus							
{ Enteric	1					1	
{ Other continued							
Epidemic influenza	1					1	
Cholera							
Plague... ..							
Diarrhœa	20	18	1			1	
Enteritis	3	1	1				1
Puerperal fever	1						
Erysipelas	1					1	
Other septic diseases... ..	3					3	
Phthisis	24		1	1	5	14	3
Other tubercular diseases	16	5	5	2	1	3	
Cancer, malignant disease	9					3	6
Bronchitis	24	5	2			3	14
Pneumonia	24	10	10		1	3	
Pleurisy							
Other diseases of Respiratory organs ..	4	3					1
Alcoholism }	1						1
Cirrhosis of liver }							
Venereal diseases							
Premature birth	7	7					
Diseases and accidents of parturition	5	4				1	
Heart diseases ..	12			1		6	5
Accidents	1					1	
Suicides	3				1	2	
.....							
.....							
.....							
.....							
All other causes ..	77	23	6			19	29
All causes ...	264	78	42	13	8	63	60

Redditch Urban District.

Dr. Littlejohn reports a death rate of 18·8 in 1900, which is above the average for the years 1890-99 (16·0). The 1901 census shows that the population was 13,493, not 14,000 as estimated; therefore the death rate on the former basis would be 19·5. The Infantile Mortality last year (198) was very high, and is attributed to inexperience and neglect of mothers, and to the employment of female labour. No less than 71 % of the 73 cases of Scarlet Fever were removed to the Isolation Hospital tents at Bromsgrove.

46 cases (15 deaths) of Diphtheria are reported, and will be the subject of a special report I am now preparing.

With regard to the general sanitary condition of the District, Dr. Littlejohn says "there are still a vast number of improvements to be effected," and he directs attention to the Report of the Sanitary Inspector, a *resumé* of which will be given later on.

Stourbridge Urban District.

TABLE A.

Area in acres, 1,920.			
Population 1891	...	...	14,891.
„ 1901	...	...	16,302.
<hr/>			
Decrease 1891-1901	...	...	1,411
Estimated Population 1900			16,522.

Name of Medical Officer of Health, ROBERT EAGAR, M.B.

Mortality per 1,000 of Population living during same period.

Birth Rate, 28·3.		Death Rate, 18·2.	
(a) Zymotic Death Rate, 1·0.		(b) Inf. Mortal, 164.	
Phthisis Death Rate, 0·7.		(c) Resp. Death Rate, 3·7.	
Smallpox Death Rate, 0·0.		Measles Death Rate, 0·2.	
Scarlatina Death Rate, 0·1.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0·3.		Croup Death Rate, 0·1.	
(d) Fever Death Rate, 0·1.		(e) Diarrhœa Death Rate, 0·06.	
		(f) Enteritis Death Rate, 0·7.	
Cancer, Malignant Disease Death Rate, 0·6.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			74	11		25	11	
Deaths ...		4	3	2		3		
Hospital Cases			11					
„ Deaths								

Diseases prevalent :—Scarlatina.
Period :—November, December.
Schools Closed:—None.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 - Epidemic enteritis;
 - Zymotic enteritis;
 - Epidemic diarrhœa. Summer diarrhœa;
 - Dysentery and dysenteric diarrhœa;
 - Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa." Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Stourbridge Urban District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	9,900	292	29.9	57	195	180	18.4				180	18.4
1891.	9,383	322	34.1	31	96	129	13.7				129	13.7
1892.	9,386	293	31.1	53	180	163	17.3				163	17.3
1893.	9,386	299	31.8	77	257	179	19.0				179	19.0
1894.	10,200	287	28.1	38	132	134	13.1				134	13.1
1895.	15,075	464	29.5	70	153	255	16.2				255	16.2
1896.	15,705	455	26.6	63	138	243	14.8				243	14.8
1897.	16,462	463	28.1	82	177	276	16.6				276	16.6
1898.	16,522	456	27.5	74	162	246	14.8				246	14.8
1899.	16,522	479	29.0	68	141	265	16.0				266	16.0
Averages for years 890-1899.	12,854	381	29.5	61	161	207	15.9				207	15.9
1900.	† 16,522	469	28.3	77	164	302	18.2					

*Rates calculated per 1,000 of estimated population.

† The Census for 1901 shows population to be 16,302, therefore on this basis the nett Death-rate would be 19.8.

Stourbridge Urban District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards
Small-pox							
Measles	4	2	2				
Scarlet Fever	3		1	2			
Whooping-cough	5	2	2	1			
Diphtheria and membranous croup	2			2			
Croup							
Fever { Typhus	3				1	2	
Enteric							
Other continued							
Epidemic influenza	12			1	2	6	3
Cholera							
Plague... ..							
Diarrhœa	1	1					
Enteritis	13	9	3			1	
Puerperal fever							
Erysipelas							
Other septic diseases... ..							
Phthisis	12	1			3	8	
Other tubercular diseases	13	2	6	3		2	
Cancer, malignant disease... ..	11					7	4
Bronchitis	36	4	2			13	17
Pneumonia	25	4	12	1		6	2
Pleurisy	1						1
Other diseases of Respiratory organs							
Alcoholism	4					4	
Cirrhosis of liver }							
Venereal diseases							
Premature Birth	15	15					
Diseases and accidents of parturition	3	3					
Heart diseases... ..	25	1				13	11
Accidents	1					1	1
Suicides	1					1	
.....							
.....							
.....							
.....							
All other causes... ..	112	33	7	5	3	20	44
All causes	302	77	35	15	9	84	82

Stourbridge Urban District.

Dr. Eagar reports a higher death rate for 1900 (18·2) than has occurred for several years, the average for 1890-99 being 15·9. The 74 cases of Scarlet Fever notified were the subject of a special report I presented on May 18, 1901.

Dr. Eagar refers to the great want of artizan dwelling-houses. It is satisfactory to be in a position to state that the District Council have appointed a Sub-Committee to consider the question, and that the Surveyor has submitted plans on the subject. The rapid conversion of privy middens to W.C.'s is a prominent feature of the Report, no less than 570 having been so converted during the year. The Slaughter-houses, Bake-houses, Common Lodging-houses, and Dairies and Cowsheds are reported to be in good condition. Dr. Eagar mentions that the Health Missioner the County Council have established in Stourbridge paid no less than 902 visits during the year, and that consequently improper feeding has much diminished.

Stourport Urban District.

TABLE A.

Area in acres, 1,340.				
Population 1891	...	...	4,865	
„ 1901	...	...	4,529	
Decrease 1891-1901				336
Estimated Population, 1900				5,488

Name of Medical Officer of Health, E. STANLEY ROBINSON.

Mortality per 1,000 of Population living during same period.

Birth Rate, 22·2.		Nett Death Rate, 11·1.	
(a) Zymotic Death Rate, 0·3.		(b) Inf. Mortal, 98.	
Phthisis Death Rate, 0·7.		(c) Resp. Death Rate, 18·2.	
Smallpox Death Rate, 0·0.		Measles Death Rate, 0·0.	
Scarlatina Death Rate, 0·0.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0·0.		Croup Death Rate, 0·0.	
(e) Diarrhœa Death Rate, 0·18.		(d) Fever Death Rate 0·18.	
		(f) Enteritis Death Rate, 0·18	
Cancer, Malignant Disease Death Rate, 0·36.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			17				2	2
Deaths ...								1
Hospital Cases			11					
„ Deaths								

Diseases prevalent:—Influenza, Measles.
Period :—Jan., Feb., Mar., Apr., May, Dec.
Schools Closed :—In April.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
 - (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
 - (c) Includes Bronchitis, Pneumonia, Pleurisy.
 - (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
 - (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 - Epidemic enteritis;
 - Zymotic enteritis;
 - Epidemic diarrhœa. Summer diarrœa;
 - Dysentery and dysenteric diarrhœa;
 - Choleraic diarrhœa, cholera nostras (in the absence of Asiatic cholera).
 - (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."
- Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Stourport Urban District.

TABLE I.

YEAR.	Population . estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- Residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	3,570	109	30.5	20	183	66	18.4				66	18.4
1891.	3,504	117	33.6	17	145	71	20.2		1		70	20.2
1892.	3,552	98	27.8	18	183	63	17.8				63	17.8
1893.	3,536	86	24.3	16	186	62	17.5				62	17.5
1894.	3,551	93	26.1	8	86	56	15.7		1	1	56	15.7
1895.	3,566	101	28.3	12	118	51	14.3				51	14.3
1896.	3,580	98	27.3	14	142	65	18.1		2	1	65	18.1
1897.	5,279	93	23.5	13	182	40	10.6		1	1	40	10.6
1898.	5,347	125	23.4	13	104	52	9.7			4	56	10.2
1899.	5,418	124	22.8	13	104	55	10.1		1		54	10.1
Averages for Years 1890-1899.	4,090	104	26.7	14	143	58	15.2		.6	.7	58	15.2
1900.	† 5,488	122	22.2	12	98	56	10.2			5	61	† 11.1

* Rates calculated per 1,000 of estimated population.

† The Census Return 1901 shows Population to be 4,529 therefore the nett Death-rate on this basis is 13.4.

Stourport Urban District.

TABLE IV.
Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.
Small-pox							
Measles							
Scarlet fever							
Whooping-cough							
Diphtheria and membranous croup							
Croup							
Fever { Typhus							
Enteric							
Other continued							
Epidemic influenza	3					1	2
Cholera							
Plague... ..							
Diarrhœa	1					1	
Enteritis	1	1					
Puerperal fever	1					1	
Erysipelas							
Other septic diseases...							
Phthisis	4				2	2	
Other tubercular diseases	2		1			1	
Cancer, malignant disease	2					2	
Bronchitis	6	2	1			1	2
Pneumonia	4	2	1			1	
Pleurisy							
Other diseases of Respiratory organs							
Alcoholism }	3					3	
Cirrhosis of liver }							
Venereal diseases							
Premature birth	1	1					
Diseases and accidents of parturition	1					1	
Heart diseases	2			1			1
Accidents	2		1			1	
Suicides							
Rheumatism	1					1	
Apoplexy	4					3	1
Kidney disease	1					1	
Senile decay	6						6
Uncertified	2	1	1				
All other causes	9	5				2	2
All causes	56	12	5	1	2	22	14

Stourport Urban District.

Mr. Robinson reports a very low death rate, and that the outbreaks of notifiable disease have been few. Details of the latter are given in Table A. He, however, calculates this rate on an estimated population of 5,488; whereas the 1901 census shews the population to be 4,529; on the latter basis, therefore, this death rate would be 13'4.

He says that the arrangements with the Kidderminster Corporation for treating cases of infectious diseases in the Borough Hospital continue in force.

Measles is reported to have been epidemic in November and December. He mentions that the state of the sewerage in the town is practically the same as when I made my special report in 1893, and that consequently such sanitary work as was not urgently necessary, has been postponed until the decision of the District Council on this question has been arrived at. Mr. Robinson mentions that there are still a good many back-to-back houses in the town. He speaks of the prevailing privy midden system as "a disgusting method of excrement disposal," and reports that in many cases Slaughter Houses are too near dwellings.

The Bake-houses are said to be satisfactory, and Mr. Robinson anticipates that the new bye-laws with regard to Dairies and Cowsheds will effect much improvement.

Bromsgrove Rural District.

TABLE A.

Area in acres, 38,083			
Population 1891	...	...	11,818.
„ 1901	...	...	12,086.
<hr/>			
Increase 1891-1901	...	...	286
Estimated Population 1900	12,300.		

Name of Medical Officer of Health, RICHARD WOOD, M.D.

Mortality per 1,000 of Population living during same period.

Birth Rate, 23.5.		Nett Death Rate, 12.9.	
(a) Zymotic Death Rate, 0.6.		(b) Inf. Mortal, 93.	
Phthisis Death Rate, 0.8.		(c) Resp. Death Rate, 2.0.	
Smallpox Death Rate, 0.0.		Measles Death Rate, 0.0.	
Scarlatina Death Rate, 0.0.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0.16.		Croup Death Rate, 0.08.	
(d) Fever Death Rate, 0.0.		(e) Diarrhoea Death Rate, 0.4.	
		(f) Enteritis Death Rate, 1.2.	

Cancer, Malignant Disease Death Rate, 0.5.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			46	6		4	6	1
Deaths ...				1				
Hospital Cases			24					
„ Deaths								

Diseases prevalent :—Scarlatina, Measles.

Period :—Summer for Scarlatina at Clent.

Schools Closed:—Pedmore, Clent, Frankley, and Romsley.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhoea.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of “Diarrhoea” are to be included deaths certified as from diarrhoea, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 Epidemic enteritis;
 Zymotic enteritis;
 Epidemic diarrhoea. Summer diarrhoea;
 Dysentery and dysenteric diarrhoea;
 Choleraic diarrhoea, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhoea.” Deaths from diarrhoea secondary to some other well-defined disease should be included under the latter.

Bromsgrove Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	11,174	285	25.5	45	157	186	16.7					
1891.	11,836	321	27.1	33	102	189	15.9					
1892.	11,836	271	22.8	27	99	165	13.9					
1893.	11,836	292	24.5	29	99	148	12.5					
1894.	12,100	285	23.6	20	70	126	10.4					
1895.	12,170	270	22.1	31	114	153	12.5					
1896.	12,286	268	21.8	42	156	152	12.3					
1897.	12,232	286	23.3	34	118	162	13.2					
1898.	12,232	303	24.7	27	89	158	12.9					
1899.	12,300	288	23.4	19	65	141	11.4					
Averages for years 1890-1899.	12,000	286	24.6	30	104	158	13.1					
1900.	† 12,300	290	23.5	27	93	159	12.1					

*Rates calculated per 1,000 of estimated population.

† The Census 1901 gives a population of 12,086, therefore on this basis the Death-rate would be 13.1.

Bromsgrove Rural District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough ..	1	1					
Diphtheria and membranous croup ...	1			1			
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza ...	9			1		3	5
Cholera							
Plague... ..							
Diarrhœa	5	2	1			1	1
Enteritis	4	2	1				1
Puerperal fever							
Erysipelas							
Other septic diseases...							
Pththisis	11		1	1	1	7	1
Other tubercular diseases	5	2		1	1	1	
Cancer, malignant disease	7					3	4
Bronchitis	18	6	2	1		2	7
Pneumonia	7	1	2			4	
Pleurisy							
Other diseases of Respiratory organs ...							
Alcoholism	1					1	
Cirrhosis of liver							
Venereal diseases							
Premature birth	4	4					
Diseases and accidents of parturition ...							
Heart diseases	29			1	1	14	13
Accidents	5	1	1			2	1
Suicides							
Old age	18						18
.....							
.....							
.....							
All other causes ...	35	8			3	10	14
All causes ...	160	27	8	6	6	48	65

Bromsgrove Rural District.

Dr. Wood reports satisfactory vital statistics and shows that with the exception of Measles and a localized outbreak of Scarlet Fever at Clent, which was suppressed by closing the schools and removing patients to the Hospital, the District has been free from notifiable disease.

He reports that the Dairies and Cowsheds and all parts of the District are periodically inspected; and calls attention to the want of Scavenging at Aston Fields.

With regard to the housing question, Dr. Wood says, "there are many old cottages in the District with very poor accommodation and deplorable wants, the chief being the want of ventilation. The windows are too small and not made to open . . . in addition (there are) dwellings where there is neither well nor pump, nor Company water, so that the people have to beg every drop they use."

The drainage of Alvechurch, Hagley and Blakedown have not been completed, but plans for Hagley and Pedmore have been sent to the L.G.B.

Droitwich Rural District.

TABLE A.

Area in acres, 53,230.			
Population 1891 ...	...	12,949	
„ 1901 ...	...	12,932	
<hr/>			
Decrease 1891-1901 ...	...	17	
Estimated Population 1900		14,300	

Name of Medical Officer of Health, HORACE SWETE, M.D., D.P.H.

Mortality per 1,000 of Population living during same period.

Birth Rate, 22·3.	Nett Death Rate, 12·9.
(a) Zymotic Death Rate, 0·8.	(b) Inf. Mortal, 72.
Phthisis Death Rate, 0·5.	(c) Resp. Death Rate, 2·9.
Smallpox Death Rate, 0·0.	Measles Death Rate, 0·0.
Scarlatina Death Rate, 0·0.	Diphtheria and Membranous
Whooping Cough Death Rate, 0·06.	Croup Death Rate, 0·5.
(e) Diarrhoea Death Rate, 0·06.	(d) Fever Death Rate, 0·12.
	(f) Enteritis Death Rate, 0·21.

Cancer, Malignant Disease Death Rate, 0·83.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Whooping Cough.
Cases ...			41	23		4	5	
Deaths ...				8		2		
Hospital Cases			15	3				
„ Deaths						2		

Diseases prevalent :—Scarlet Fever, Measles, Diphtheria.

Period:—Whole year.

Schools Closed :—Tibberton, Rashwood, Wilden, Claines.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhoea.
 - (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
 - (c) Includes Bronchitis, Pneumonia, Pleurisy.
 - (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
 - (e) Under the heading of "Diarrhoea" are to be included deaths certified as from diarrhoea, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 - Epidemic enteritis;
 - Zymotic enteritis;
 - Epidemic diarrhoea. Summer diarrhoea;
 - Dysentery and dysenteric diarrhoea;
 - Choleraic diarrhoea, cholera, cholera nostras (in the absence of Asiatic cholera).
 - (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhoea."
- Deaths from diarrhoea secondary to some other well-defined disease should be included under the latter.

Droitwich Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	14,273	391	27.4	46	117	209	14.6				209	14.6
1891.	14,230	388	26.7	65	118	242	17.0				242	17.0
1892.	14,230	381	26.7	30	76	207	14.4				207	14.4
1893.	14,230	386	27.8	42	101	199	14.4				199	14.4
1894.	14,230	399	28.0	38	120	143	10.2				143	10.2
1895.	14,300	417	27.0	40	93	222	15.4				222	15.4
1896.	14,300	377	26.3	44	116	192	13.4				192	13.4
1897.	14,300	328	24.5	39	118	191	14.0				191	14.0
1898.	14,300	327	24.3	33	100	170	13.3				170	13.3
1899.	14,300	352	26.1	26	73	162	12.0				162	12.0
Averages for years 890-1899.	14,242	374	26.4	38	103	193	13.8				193	13.8
1900.	† 14,300	319	22.3	23	72	185	12.9				185	† 12.9

* Rates calculated per 1,000 of estimated population.

Droitwich Rural District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough	1	1					
Diphtheria and membranous croup	8		5	3			
Croup							
Fever { Typhus							
{ Enteric	2			1		1	
{ Other continued							
Epidemic influenza	15		1	1		6	7
Cholera							
Plague							
Diarrhœa	1						1
Enteritis	3			3			
Puerperal fever	1				1		
Erysipelas							
Other septic diseases							
Phthisis	8				1	7	
Other tubercular diseases	5		2	1	1	1	
Cancer, malignant disease	12					6	6
Bronchitis	29	7	3			6	13
Pneumonia	6	3	1			1	1
Pleurisy	2					1	1
Other diseases of Respiratory organs							
Alcoholism							
Cirrhosis of liver } ..							
Venereal diseases ..							
Premature Birth ..	6	6					
Diseases and accidents of parturition							
Heart diseases	18	1		2		3	12
Accidents	5	1			1		3
Suicides	1					1	
.....							
.....							
.....							
.....							
All other causes	40	3	2	6		7	22
All causes	163	22	14	17	4	40	66

Droitwich Rural District.

Dr. Swete has calculated his vital statistics on an estimated population of 14,300, whereas the census return for 1901, which has been issued since the report was sent in, gives the population as 12,932.

Dr. Swete's death rate of 12·9 therefore is too low, and on the 1901 census return should be 14·2. The 41 cases of Scarlet Fever notified (only 15 of which were removed to Hospital) were scattered throughout the District. 14 cases (5 deaths) of the 23 cases of Diphtheria (8 deaths) notified occurred in Dodderhill, and the epidemic at Rashwood was, in the opinion of the Medical Officer, caused by want of ventilation in the Schools and privies; although this view was not accepted by the School Board.

In connection with this outbreak, Dr. Swete urges that children who are supposed to have recovered from Diphtheria should not be permitted to return to School until a certificate has been obtained showing that after bacteriological examination they are free from Diphtheria.

Dr. Swete considers that the Labouring Classes throughout the District are well housed, and reminds his Council that the sewerage of Ombersley has not yet commenced. He also suggests that a comprehensive scheme for sewerage Northwick Lane, Cornmeadow, and Checketts Lane, in the parish of Claines, is desirable.

The Slaughter-houses, Bake-houses, Dairies and Cowsheds are reported to be regularly inspected. It is stated that the Brook at Wychbold, near Walkmills Farm, is polluted by the drainage of 65 houses, and that it is advisable that some definite scheme of sewerage should be carried out to abate this nuisance.

Evesham Rural District.

TABLE A.

Area in acres, 28,088.

Population 1891 ... 7,142.

,, 1901 ... 7,584.

Increase 1891-1901 ... 442.

Estimated Population 1900 7,142.

Name of Medical Officer of Health, G. H. FOSBROKE, D.P.H., Camb.

Mortality per 1,000 of Population living during same period.

Birth Rate, 31.0.

Nett Death Rate, 14.4.

(a) Zymotic Death Rate, 0.8.

(b) Inf. Mortal, 76.

Phthisis Death Rate, 1.2.

(c) Resp. Death Rate, 1.6.

Smallpox Death Rate, 0.0.

Measles Death Rate, 0.01.

Scarlatina Death Rate, 0.0.

Diphtheria and Membranous

Whooping Cough Death Rate, 0.5.

Croup Death Rate, 0.0.

(e) Diarrhœa Death Rate, 0.0.

(d) Fever Death Rate, 0.01.

(f) Enteritis Death Rate 0.0.

Cancer, Malignant Disease Death Rate, 0.7.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			7			1	7	2
Deaths ...		1				1		2
Hospital Cases			7					
„ Deaths								

Disease prevalent :—Measles.

Period :—Oct., Nov., Dec.

Schools Closed :—Broadway and Harvington.

(a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.

(b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.

(c) Includes Bronchitis, Pneumonia, Pleurisy and other diseases of respiratory organs.

(d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.

(e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;

Zymotic enteritis;

Epidemic diarrhœa. Summer diarrhœa;

Dysentery and dysenteric diarrhœa;

Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).

(f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	7,019	173	24.6	11	63	110	15.6					
1891.	7,032	206	29.2	15	72	119	16.9					
1892.	7,032	202	28.7	23	113	136	19.3					
1893.	7,142	198	27.7	14	70	105	14.7					
1894.	7,142	218	30.5	16	73	90	12.6					
1895.	7,142	207	28.9	17	82	102	14.2					
1896.	7,142	208	29.1	9	43	78	10.9					
1897.	7,142	227	31.7	13	57	107	14.9					
1898.	7,142	198	27.7	20	101	110	15.4					
1899.	7,142	226	31.6	18	79	120	16.8					
Averages for Years 1890-1899.	7,107	206	28.9	15	72	107	15.0					
1900.	† 7,142	222	31.0	17	76	108	15.1	22	7	2	103	† 14.4

* Rates calculated per 1,000 of estimated population.

Evesham Rural District.

TABLE IV.

Causes of, and ages at, Deaths during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards
Small-pox							
Measles	1		1				
Scarlet Fever							
Whooping-cough	4	1	3				
Diphtheria and membranous croup							
Croup	1			1			
Fever { Typhus							
{ Enteric	1				1		
{ Other continued							
Epidemic influenza	5			1		1	3
Cholera							
Plague... ..							
Diarrhœa							
Enteritis							
Puerperal fever	2					2	
Erysipelas							
Other septic diseases... ..							
Phthisis	9	1				8	
Other tubercular diseases							
Cancer, malignant disease... ..	5					2	3
Bronchitis	8	2				1	5
Pneumonia	4		1			3	
Pleurisy							
Other diseases of Respiratory organs							
Alcoholism							
Cirrhosis of liver }	1					1	
Venereal diseases							
Premature Birth	5	5					
Diseases and accidents of parturition							
Heart diseases... ..	7					2	5
Accidents							
Suicides	1						1
.....							
.....							
.....							
.....							
All other causes... ..	54	8		1	1	7	37
All causes	108	17	5	3	2	27	54

Evesham Rural District.

It is reported that the death rates from the various Zymotic rates are most favorable.

The birth rate 31.0 (for an Agricultural District) is high. Measles was prevalent in the parishes of Broadway and Harvington, and necessitated the closure of the Local Schools; but few cases of notifiable disease were reported.

It is mentioned that the supply of cottages fairly meets the demand; and their condition has certainly been improving in recent years, although there are many which still need improvement. It is again stated that the drainage of Badsey is in the same defective condition described in former reports, and that as the L.G.B. are pressing the District in the matter, a Sub-Committee has conferred with an Engineer on the subject.

Complaints were received with respect to the defective drainage at Broadway, and it is mentioned that little has been done to improve it since my report was presented on the 6th November, 1873, although a water scheme has been carried out since then. The water supply of the District generally is reported to be satisfactory. The Evesham Villages water scheme, described in former reports, continues to be most successful.

The Bake-houses and Slaughter-houses have been regularly inspected, but it is suggested that a special report on each of the Dairies and Cowsheds in the District should be prepared.

The Sanitary bye-laws appear to be carried out without friction.

Feckenham Rural District.

TABLE A.

Area in acres, 15,193.			
Population 1891	...	...	5,671
„ 1901	...	...	5,532
			<hr/>
Decrease 1891-1901	...	...	139
Estimated Population, 1900	5,744		

Name of Medical Officer of Health, G. H. FOSBROKE, D.P.H., Camb.

Mortality per 1,000 of Population living during same period.

Birth Rate, 22·4.	Nett Death Rate, 16·5.
(a) Zymotic Death Rate, 1·0.	(b) Inf. Mortal, 124.
Phthisis Death Rate, 1·7.	(c) Resp. Death Rate, 2·3.
Smallpox Death Rate, 0·0.	Measles Death Rate, 0·0.
Scarlatina Death Rate, 0·0.	Diphtheria and Membranous
Whooping Cough Death Rate, 0·6.	Croup Death Rate, 0·1.
(e) Diarrhœa Death Rate, 0·1.	(d) Fever Death Rate 0·0.
	(f) Enteritis Death Rate, 0·3.
Cancer, Malignant Disease Death Rate, 1·0.	

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			4	1	1	1	3	
Deaths ...				1				
Hospital Cases			4					
„ Deaths								

Diseases prevalent :—Measles.

Period :—

Schools Closed :—Crabb's Cross Board School.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa." Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Feckenham Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- Residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	5,480	177	32.2	25	141	81	14.7					
1891.	6,300	160	25.3	21	131	68	10.7					
1892.	6,300	135	21.4	19	140	82	12.8					
1893.	5,744	156	27.1	18	115	83	14.4					
1894.	5,744	142	24.7	23	161	87	15.1					
1895.	5,744	142	24.7	16	112	77	13.4					
1896.	5,744	157	27.3	15	95	76	13.2					
1897.	5,744	157	27.3	15	95	70	12.1					
1898.	5,744	130	22.6	10	76	69	12.0					
1899.	5,744	153	26.6	17	111	67	11.6					
Averages for Years 1890-1899.	5,828	150	25.9	17	117	76	13.0					
1900.	† 5,744	129	22.4	16	124	90	15.6			5	95	† 16.5

* Rates calculated per 1,000 of estimated population.

† The Census 1901 gives Population as 5,532 therefore the nett Death-rate on this basis is 17.1.

Feckenham Rural District.

TABLE IV.
Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up- wards.
Small-pox							
Measles							
Scarlet fever							
Whooping-cough ...	4	3	1				
Diphtheria and mem- branous croup ...	1			1			
Croup	1		1				
Fever { Typhus ...							
{ Enteric ...							
{ Other continued							
Epidemic influenza ...	6		1			2	3
Cholera							
Plague... ..							
Diarrhœa	1	1					
Enteritis	2	1				1	
Puerperal fever ...							
Erysipelas							
Other septic diseases...							
Phthisis	10				2	7	1
Other tubercular di- seases	2			1		1	
Cancer, malignant di- sease	6					3	3
Bronchitis	5	1				2	2
Pneumonia	6		2			3	1
Pleurisy	1					1	
Other diseases of Res- piratory organs ..	1		1				
Alcoholism							
Cirrhosis of liver }							
Venereal diseases ...	1	1					
Premature birth ...	2	2					
Diseases and accidents of parturition ...							
Heart diseases ...	4					2	2
Accidents	5			1	1	3	
Suicides							
.....							
.....							
.....							
.....							
.....							
All other causes ...	32	7			2	6	17
All causes ...	90	16	6	3	5	31	29

Feckenham Rural District.

It is apparent from the preceding Tables that the Birth-rate (22.4) is low, and that the nett Death-rate (16.5) is high. The outbreaks of notifiable disease were extremely few. With the exception of Measles, which was prevalent at Crabb's Cross, where it was necessary to close the Schools, the District was very free from notifiable disease. The dilapidated and insanitary condition of the cottages and water supply of Stockwood are described, and it is mentioned that although the defective water supply has been under consideration since 1881 it has been impracticable to improve it, owing to the fact that the District is becoming depopulated, and financial reasons preclude any scheme being carried out.

A drainage scheme for Feckenham village is reported to have been carried out at a cost of £700, and consequently the drainage of Crabb's Cross and Hunt End have had to be postponed for financial reasons. The defective water supply of Astwood Bank is again commented upon. The County Council have communicated with the District Council urging that some definite action be taken to supply that village with water.

The Lodging-houses, Slaughter-houses, and Bake-houses are reported to be regularly inspected; but it is mentioned that Bye-laws for Dairies and Cowsheds are still urgently needed. The revised Sanitary Bye-laws, so long under consideration, have at last come into operation.

Halesowen Rural District.

TABLE A.

Area in acres, 6,114.

Population 1891 ... 18,481.
 „ 1901 ... 23,574.

Increase 1891-1901 ... 5,093.

Estimated Population 1900 25,844.

Name of Medical Officer of Health, T. BRETT YOUNG, M.D.

Mortality per 1,000 of Population living during same period.

Birth Rate, 34·2.

Nett Death Rate, 13·3.

(a) Zymotic Death Rate, 2·2.

(b) Inf. Mortal, 121.

Phthisis Death Rate, 0·5.

(c) Resp. Death Rate, 2·2.

Smallpox Death Rate, 0·0.

Measles Death Rate, 1·5.

Scarlatina Death Rate, 0·03.

Diphtheria and Membranous

Whooping Cough Death Rate, 0·12.

Croup Death Rate, 0·2.

(d) Fever Death Rate, 0·0.

(e) Diarrhœa Death Rate, 0·2.

(f) Enteritis Death Rate, 0·5.

Cancer, Malignant Disease Death Rate, 0·3.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			26	9	6	10	40	2
Deaths ...		41	1	2	4		1	1
Hospital Cases			15			4		
„ Deaths			1					

Diseases prevalent :—Measles.

Period :—Latter half of year.

Schools Closed:—Cakemore, Cradley, Halesowen, Hawne, Hill and Quinton.

(a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.

(b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.

(c) Includes Bronchitis, Pneumonia, Pleurisy.

(d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.

(e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;

Zymotic enteritis;

Epidemic diarrhœa. Summer diarrhœa;

Dysentery and dysenteric diarrhœa;

Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).

(f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.”

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Halesowen Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES NETT.	
		Number.	Rat	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.												
1891.												
1892.												
1893.												
1894.												
1895.												
1896.												
1897.	21,963	825	44.6	111	134	316	14.3			1	317	14.4
1898.	22,551	827	36.6	136	164	361	16.0			5	366	16.2
1899.	23,519	879	37.3	148	168	333	14.1			6	339	14.4
Averages for years 1897-1899.	22,677	843	39.5	131	155	336	14.8			4	340	15.0
1900.	† 25,844	865	34.2	105	121	345	13.3			1	346	† 13.3

*Rates calculated per 1,000 of estimated population.

† Census 1901 gives population as 22,574, therefore nett Death rate on this basis is 14.6

Halesowen Rural District.

TABLE IV.
Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	41	10	30	1			
Scarlet Fever	1		1				
Whooping-cough ..	4	2	1	1			
Diphtheria and membranous croup ...	6		6				
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza ...	6					3	3
Cholera							
Plague... ..							
Diarrhœa	7	5	2				
Enteritis	13	8	5				
Puerperal fever	1					1	
Erysipelas	1						1
Other septic diseases...							
Pththisis	14				2	12	
Other tubercular diseases	5	2	1			2	
Cancer, malignant disease	11			1		8	2
Bronchitis	39	13	10			6	10
Pneumonia	18	3	5			7	3
Pleurisy							
Other diseases of Respiratory organs ...							
Alcoholism							
Cirrhosis of liver } ...	3					3	
Venereal diseases ...							
Premature birth ...	18	18					
Diseases and accidents of parturition ..	3				1	2	
Heart diseases ...	26					13	13
Accidents	7		1	4		1	1
Suicides	2						2
.....							
.....							
.....							
.....							
All other causes ...	119	44	17	4	8	16	30
All causes ...	345	105	79	11	11	74	65

Halesowen Rural District.

Dr. Brett-Young reports a high Birth-rate (34.2) and a nett Death-rate of 13.3 as compared with 14.8 the average for the years 1897-99 inclusive. Only 26 cases of Scarlet Fever were reported, and 15 of these were removed to the Hospital at Kingswinford. Dr. Brett-Young states that the Oldbury Urban District adjoins the Halesowen District, and that the Oldbury Authority have no provision for isolating cases of Scarlet Fever; consequently he is afraid that the disease may spread from Oldbury to the adjacent portions of Halesowen. He anticipates that when the Haley Green Isolation Hospital, which now approaches completion, is finished, much of the difficulty with regard to isolation will disappear. Six deaths are attributed to Diphtheria and Membranous Croup. An epidemic of Measles raged through a great part of the District during the latter half of the year; no less than 41 deaths were attributed to this cause. Dr. Young states with regard to the Health Missioner that he is "confident that it is a desirable educational agency in health matters, especially as bearing "on the treatment of children, and will eventually bear fruit."

It is most pleasing to note the satisfactory decline in Typhoid Fever, only 10 cases (no death) having been notified. Great improvement in the matter of water supply is reported; but the privy midden system, Dr. Young states, is "quite unwarrantable." 170 new houses were occupied as soon as finished, and in most of the populous parts of the District the house-drains have been properly connected with the sewers.

The Canal-boats, Slaughter-houses, and Lodging-houses are reported to be regularly inspected, and great improvement is said to have been made in the Dairies and Cowsheds.

Kidderminster Rural District.

TABLE A.

Area in acres, 32,935.

Population 1891 ...	...	9,951
„ 1901 ...	...	10,111

Increase 1891-1901	...	160
Estimated Population 1900		10,200

Name of Medical Officer of Health, E. H. ADDENBROOKE.

Mortality per 1,000 of Population living during same period.

Birth Rate, 24·7.	Nett Death Rate, 14·3.
(a) Zymotic Death Rate, 0·9.	(b) Inf. Mortal, 146.
Phthisis Death Rate, 1·0.	(c) Resp. Death Rate, 1·9.
Smallpox Death Rate, 0·0.	Measles Death Rate, 0·0.
Scarlatina Death Rate, 0·0.	Diphtheria and Membranous
Whooping Cough Death Rate, 0·3.	Croup Death Rate, 0·09.
(e) Diarrhœa Death Rate, 1·1.	(d) Fever Death Rate, 0·09.
	(f) Enteritis Death Rate, 0·7.

Cancer, Malignant Disease Death Rate, 0·7.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			23	11		6	12	
Deaths ...				1		1		
Hospital Cases			9					
„ Deaths								

Diseases prevalent :—Whooping Cough.

Period:—September and October.

Schools Closed :—

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
 - (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
 - (c) Includes Bronchitis, Pneumonia, Pleurisy.
 - (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
 - (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 - Epidemic enteritis;
 - Zymotic enteritis;
 - Epidemic diarrhœa. Summer diarrhœa;
 - Dysentery and dysenteric diarrhœa;
 - Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
 - (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."
- Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Kidderminster Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	10,984	261	23·7	26	92	150	13·6				150	13·6
1891.	10,700	261	24·3	31	118	152	14·2				152	14·2
1892.	9,966	234	23·4	39	166	187	18·7	6			181	18·2
1893.	9,978	262	26·2	27	103	155	15·5	10			145	14·5
1894.	9,988	252	25·1	27	107	134	13·4	4			130	13·1
1895.	9,978	250	25·0	26	104	133	13·3	1			132	13·2
1896.	10,018	239	23·8	28	117	109	10·8	1			108	10·7
1897.	10,200	213	20·8	29	136	117	11·4	2			115	11·2
1898.	10,100	232	22·7	17	73	110	10·7				110	10·7
1899.	10,100	268	26·2	26	97	128	12·5	2			126	12·3
Averages for years 1890-1899.	10,200	247	24·1	27	111	137	13·4	2			134	13·2
1900.	10,200	252	24·7	37	146	146	14·3				146	14·3

* Rates calculated per 1,000 of estimated population.

Kidderminster Rural District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough ...	4	4					
Diphtheria and membranous croup ...	1			1			
Croup							
Fever { Typhus							
{ Enteric	1				1		
{ Other continued							
Epidemic influenza ...	2					1	1
Cholera							
Plague							
Diarrhœa	4	4					
Enteritis	8	6	1				1
Puerperal fever							
Erysipelas							
Other septic diseases...							
Phthisis	11		1		4	5	1
Other tubercular diseases	6	1	1		2	2	
Cancer, malignant disease	8					4	4
Bronchitis	11	4	1			2	4
Pneumonia	9	1	2	1	1	1	3
Pleurisy							
Other diseases of Respiratory organs ...							
Alcoholism							
Cirrhosis of liver } ...	1						1
Venereal diseases							
Premature Birth							
Diseases and accidents of parturition ...	2	1				1	
Heart diseases	13					7	6
Accidents	6	1		2	1	2	
Suicides	1					1	
.....							
.....							
.....							
All other causes ...	58	15	1	1	2	11	28
All causes ...	146	37	7	5	11	37	49

Kidderminster Rural District.

Dr. Addenbrooke reports satisfactory vital statistics, and that the District has been fairly free from Zymotic disease. He mentions that with the exception of Wribbenhall the water supply of the District may be considered satisfactory. He adds—"I should be failing in my duty if I omitted to refer to the question of the drainage of Somerleyton Avenue, and to express my earnest hope that your negotiations with the Borough Authorities will lead to an early decision as to the manner in which that most pressing necessity will be dealt with, not forgetting also the Suttom Common and Whitville Regions, which are greatly in need of better drainage, as I have pointed out before."

The Bake-houses and Slaughter-houses are reported to be well looked after.

Martley Rural District.

TABLE A.

Area in acres, 59,169.			
Population 1891	...	...	13,139.
„ 1901	...	...	12,941.
<hr/>			
Decrease 1891-1901	...	...	198.
Estimated Population 1900	...	...	13,133.

Name of Medical Officer of Health, J. H. GREENSILL.

Mortality per 1,000 of Population living during same period.

Birth Rate, 23·3.		Nett Death Rate, 15·7.	
(a) Zymotic Death Rate, 0·7.		(b) Inf. Mortal, 120	
Phthisis Death Rate, 0·6.		(c) Resp. Death Rate, 2·8.	
Smallpox Death Rate, 0·0.		Measles Death Rate, 0·1.	
Scarlatina Death Rate, 0·0.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0·2.		Croup Death Rate, 0·1.	
(e) Diarrhœa Death Rate, 0·1.		(d) Fever Death Rate, 0·07.	
		(f) Enteritis Death Rate 0·0.	
Cancer, Malignant Disease Death Rate, 0·8.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			10	11		3	5	1
Deaths ...		2		2		1		1
Hospital Cases			5					1
„ Deaths								1

Disease prevalent :—Measles and Whooping Cough.

Period :—Autumn.

Schools Closed :—Stanford, Suckley, Areley Kings.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.” Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Martley Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	14,100	362	25.6	37	102	223	15.8	20			223	15.8
1891.	12,044	320	26.6	44	137	206	17.1	17			206	17.1
1892.	12,044	320	26.6	41	128	222	18.4	15			222	18.4
1893.	12,044	311	25.8	36	115	139	11.5	8			139	11.5
1894.	12,044	336	27.9	31	92	203	16.8	18			203	16.8
1895.	13,133	342	26.0	41	119	191	14.5	14			191	14.5
1896.	13,133	346	26.3	32	92	175	13.3	16			175	13.3
1897.	13,133	358	27.3	44	122	188	14.3	15			188	14.3
1898.	13,133	345	26.3	31	89	188	14.3	20			188	14.3
1899.	13,133	365	27.8	39	106	191	14.5	13			191	14.5
Averages for Years 1890-1899.	13,133	351	26.7	37	126	186	14.2	15			186	14.2
1900.	† 13,133	306	23.3	37	120	200	15.2	15	7	14	207	† 15.7

* Rates calculated per 1,000 of estimated population.

Martley Rural District.

TABLE IV.

Causes of, and ages at, Deaths during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards
Small-pox							
Measles	2		2				
Scarlet Fever							
Whooping-cough	3	1	2				
Diphtheria and membranous croup	2			2			
Croup							
Fever { Typhus	1				1		
Enteric							
Other continued							
Epidemic influenza	11	1	1			3	6
Cholera							
Plague... ..							
Diarrhœa	2						2
Enteritis							
Puerperal fever	1					1	
Erysipelas							
Other septic diseases... ..	1				1		
Phthisis	8				1	6	1
Other tubercular diseases	2	1	1				
Cancer, malignant disease... ..	11					4	7
Bronchitis	26	7	6	3		3	7
Pneumonia	11	2	1	1		7	
Pleurisy							
Other diseases of Respiratory organs							
Alcoholism {	1						1
Cirrhosis of liver }							
Venereal diseases							
Premature Birth	11	11					
Diseases and accidents of parturition	2					2	
Heart diseases... ..	36	1				12	23
Accidents	6		3			3	
Suicides	1					1	
Old age	17						17
Infantile atrophy	5	5					
Diseases of nervous system..... ..	14	8					6
Apoplexy	11					5	6
All other causes... ..	15			1	1	5	8
All causes	200	37	16	7	4	52	31

Martley Rural District.

Dr. Greensill reports that the health of the District has on the whole been satisfactory, with the exception that Measles has been prevalent in several parishes.

Only 10 cases of Scarlet Fever were notified, and 5 of these were removed to the Isolation Hospital. Dr. Greensill remarks that arrangements have been made for the reception of infectious cases at the Malvern, Worcester, and Kidderminster Isolation Hospitals.

He regards the house accommodation of the District as sufficient. No Bye-laws are in force, except in St. John's parish. He states that in the District the method of sewage disposal is by means of dumbwells, but where houses are more closely aggregated, and especially if at the same time, the water supply is derived from wells sunk in proximity to the houses, this system must be a source of danger. "At Clifton-on-Teme, where these conditions existed, "sewerage and water works have been carried out, so that the village "is now in a satisfactory sanitary state. Hallow is another village "where the houses are too closely aggregated for the cesspool system "to work satisfactorily."

He mentions that neither the Bake-houses nor Slaughter-houses are inspected as the L.G.B. evidently intend they should be. This state of things should receive the attention of the Sanitary Authority.

Newent Rural District (Worcestershire Parishes).

TABLE A.

Area in acres, 5,305.			
Population 1891	...	...	1,308
„ 1901	...	...	1,195
<hr/>			
Decrease 1891-1901	...	...	113
Estimated Population, 1900			1,308

Name of Medical Officer of Health, WM. NORRIS MARSHALL.

Mortality per 1,000 of Population living during same period.

Birth Rate, 1909.	Nett Death Rate, 14.5.
(a) Zymotic Death Rate, 0.0.	(b) Inf. Mortal, 192.
Phthisis Death Rate, 0.8.	(c) Resp. Death Rate, 7.6.
Smallpox Death Rate, 0.0.	Measles Death Rate, 0.0.
Scarlatina Death Rate, 0.0.	Diphtheria and Membranous
Whooping Cough Death Rate, 0.0.	Croup Death Rate, 0.0.
(e) Diarrhœa Death Rate, 0.0.	(d) Fever Death Rate 0.0.
	(f) Enteritis Death Rate, 0.0.
Cancer, Malignant Disease Death Rate, 0.0.	

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup	Fever.	Erysipelas.	Puerperal Fever.
Cases ...								
Deaths ...								
Hospital Cases								
„ Deaths								

Diseases prevalent :—None.

Period :—

Schools Closed :—None.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 Epidemic enteritis;
 Zymotic enteritis;
 Epidemic diarrhœa. Summer diarrhœa;
 Dysentery and dysenteric diarrhœa;
 Choleraic diarrhœa, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.” Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Newent Rural District (Worcestershire Parishes).

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	1,308	—	—	—	—	16	11.3					
1891.	1,308	37	28.2	6	162	32	24.6					
1892.	1,308	49	37.4	7	143	33	25.2					
1893.	1,308	44	33.7	2	45	28	21.4					
1894.	1,308	20	15.2	2	100	13	9.9					
1895.	1,308	45	35.7	3	66	20	15.3					
1896.	1,308	39	29.8	3	77	13	10.0					
1897.	1,308	26	19.9	9	346	27	20.6					
1898.	1,308	29	22.1	—	0	19	14.5					
1899.	1,308	36	27.5	4	111	22	16.7					
Averages for years 1891-1899.	1,308	36	27.7	4	114	22	16.9					
1900.	1,308	26	19.9	5	192	19	14.5					

*Rates calculated per 1,000 of estimated population.

Newent Rural District (Worcestershire Parishes).

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough ..	1	1					
Diphtheria and membranous croup ...							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza ...							
Cholera							
Plague... ..							
Diarrhœa							
Enteritis							
Puerperal fever							
Erysipelas							
Other septic diseases...							
Phthisis	1				1		
Other tubercular diseases							
Cancer, malignant disease							
Bronchitis	4	1				1	2
Pneumonia	5	1	2		1	1	
Pleurisy							
Other diseases of Respiratory organs ...							
Alcoholism {							
Cirrhosis of liver {							
Venereal diseases							
Premature birth	1	1					
Diseases and accidents of parturition ..							
Heart diseases	4					2	2
Accidents							
Suicides							
.....							
.....							
.....							
.....							
All other causes ...	3	1					2
All causes ...	19	5	2		2	4	6

Newent Rural District (Worcestershire Parishes).

Dr. Marshall reports that the two parishes of Redmarley and Staunton were quite free from infectious disease, and says that the Slaughter-houses, Dairies, and Cowsheds, and Lodging-houses in the Newent District are regularly inspected, and found to be in good order.

Pershore Rural District.

TABLE A.

Area in acres, 53,728.

Population 1891	...	...	13,086.
„ 1901	...	...	12,813.

Decrease 1891-1901	...	273.
Estimated Population 1900	13,086.	

Name of Medical Officer of Health, G. H. FOSBROKE, D.P.H., Camb.

Mortality per 1,000 of Population living during same period.

- | | |
|----------------------------------|---------------------------------|
| Birth Rate, 24.7. | Nett Death Rate, 18.1. |
| (a) Zymotic Death Rate, 0.6. | (b) Inf. Mortal, 98. |
| Phthisis Death Rate, 1.2. | (c) Resp. Death Rate, 3.1. |
| Smallpox Death Rate, 0.0. | Measles Death Rate, .07. |
| Scarlatina Death Rate, 0.0. | Diphtheria and Membranous |
| Whooping Cough Death Rate, 0.22. | Croup Death Rate, 0.15. |
| (d) Fever Death Rate, 0.0. | (e) Diarrhœa Death Rate, 0.22. |
| | (f) Enteritis Death Rate, 0.37. |

Cancer, Malignant Disease Death Rate, 0.6.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...		Unknown	14	10			12	
Deaths ...		1		2				
Hospital Cases			11					
„ Deaths								

Diseases prevalent :—Measles.
Period :—Feb., May, July, Nov., Dec.
Schools Closed:—seven.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."
- Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- Residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	13,126	341	26.2	40	117	231	17.7				231	17.7
1891.	13,005	346	26.6	43	124	266	20.4				266	20.4
1892.	13,005	338	25.9	40	118	185	14.2				185	14.2
1893.	13,086	352	26.8	40	113	186	14.2				186	14.2
1894.	13,086	366	27.9	42	114	242	18.4				242	18.4
1895.	13,086	322	24.6	39	121	179	13.6				179	13.6
1896.	13,086	351	26.8	37	105	215	16.4				215	16.4
1897.	13,086	358	27.3	32	89	205	15.6				205	15.6
1898.	13,086	314	23.9	34	108	209	15.9				209	15.9
Averages for Years 1891-1899.	13,072	343	26.2	38	110	213	16.2				213	16.2
1900.	† 13,086	324	24.7	32	98	237	† 18.1				237	† 18.1

*Rates calculated per 1,000 of estimated population.

Pershore Rural District.

TABLE IV.
Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.
Small-pox							
Measles	1		1				
Scarlet fever							
Whooping-cough	3	1	2				
Diphtheria and mem- branous croup	2			1	1		
Croup	1					1	
Fever { Typhus							
Enteric							
Other continued							
Epidemic influenza	9				1	4	4
Cholera							
Plague... ..							
Diarrhœa	3		1			2	
Enteritis	5	3	1		1		
Puerperal fever							
Erysipelas							
Other septic diseases...							
Phthisis	16			1	5	10	
Other tubercular di- seases	3				1	2	
Cancer, malignant di- sease	9					3	6
Bronchitis	33	4	6		1	7	15
Pneumonia	7	1	1		1	3	1
Pleurisy	1			1			
Other diseases of Res- piratory organs .	3		1			1	1
Alcoholism }	4					1	3
Cirrhosis of liver }							
Venereal diseases							
Premature birth	7	7					
Diseases and accidents of parturition							
Heart diseases	21					11	10
Accidents	10	1	1			7	1
Suicides							
.....							
.....							
.....							
.....							
.....							
All other causes	99	15	4	1	2	18	59
All causes	237	32	18	4	13	70	100

Pershore Rural District.

The nett death rate (18.1) is high and mainly due to deaths from respiratory diseases; the various zymotic rates were low and outbreaks of notifiable diseases few.

Measles and Whooping Cough were however prevalent, and necessitated the closure of seven Schools. Although but 14 cases of Scarlet Fever were reported, it was necessary to close a School for a short time, as the school buildings had become infected. It is mentioned that the bye-laws have done good service, but they are too rigid for an agricultural District like Pershore, and consequently a Committee has been appointed to consider what modifications are desirable. The Pershore sewerage scheme has again been postponed, as it has been ascertained that the cost of flushing the sewers by river water would probably involve a cost of £1,485; and as it seems there is a good chance of an efficient water scheme being provided for the town, the postponement appears to be quite justifiable.

The bacterial filters have not been put in at Fladbury, as the Authority have decided to wait the result of the sewage experiments at Malvern.

A plan has been prepared for the sewerage of Cropthorne, and negotiations are taking place for the acquisition of a site.

Water questions in Pershore District are difficult problems to solve owing to the fact that so many of the villages with defective supplies are situated on the Lower Lias formation. The unsatisfactory supplies of Pershore, Pinvin, Cropthorne, Bricklehampton, Strensham and Naunton Beauchamp are still as heretofore, but a comprehensive scheme is being prepared which, if approved, will include a number of villages. A loan has been sanctioned by the L.G.B. for supplying Whittington with water from Worcester.

The Netherton water supply continues unsatisfactory.

The Lodging-houses, Slaughter-houses, Bake-houses, Dairies, Cowsheds, and Milkshops are regularly inspected, and the Inspector reports that they are fairly well kept.

Rock Rural District.

TABLE A.

Area in acres, 13,314.			
Population 1891 ...	...		2,252
„ 1901 ...	...		2,150
<hr/>			
Decrease 1891-1901 ...	...		102
Estimated Population 1900			2,290

Name of Medical Officer of Health, E. T. WHITAKER, M.D.

Mortality per 1,000 of Population living during same period.

Birth Rate, 22.2.		Nett Death Rate, 13.9.	
(a) Zymotic Death Rate, 0.4.		(b) Inf. Mortal, 156.	
Phthisis Death Rate, 0.4.		(c) Resp. Death Rate, 1.7.	
Smallpox Death Rate, 0.0.		Measles Death Rate, 0.0.	
Scarlatina Death Rate, 0.0.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0.0.		Croup Death Rate, 0.0.	
(e) Diarrhœa Death Rate, 0.4.		(d) Fever Death Rate, 0.0.	
		(f) Enteritis Death Rate, 0.0.	
Cancer, Malignant Disease Death Rate, 0.4.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			6					
Deaths ...								
Hospital Cases								
„ Deaths								

Diseases prevalent :—None.

Period:—

Schools Closed :—None.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
 - (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
 - (c) Includes Bronchitis, Pneumonia, Pleurisy.
 - (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
 - (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 - Epidemic enteritis;
 - Zymotic enteritis;
 - Epidemic diarrhœa. Summer diarrhœa;
 - Dysentery and dysenteric diarrhœa;
 - Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
 - (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."
- Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Rock Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.												
1891.												
1892.												
1893.												
1894.												
1895.												
1896.												
1897.	2,280	49	21.4	9	183	38	16.6				38	16.6
1898.	2,290	57	24.8	5	87	27	11.7			2	29	12.2
1899.	2,290	52	22.7	6	115	33	14.4			2	35	15.2
Averages for years 1897-1899.	2,286	52	22.9	6	128	29	14.2			1	34	14.6
1900.	† 2,290	51	22.2	8	156	30	13.1			2	32	† 13.9

* Rates calculated per 1,000 of estimated population.

† Census year.

Rock Rural District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough							
Diphtheria and membranous croup ..							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza							
Cholera							
Plague							
Diarrhœa	1	1					
Enteritis							
Puerperal fever							
Erysipelas							
Other septic diseases...							
Phthisis	1					1	
Other tubercular diseases	1			1			
Cancer, malignant disease	1					1	
Bronchitis	3	1					2
Pneumonia	1		1				
Pleurisy							
Other diseases of Respiratory organs ...							
Alcoholism {							
Cirrhosis of liver }							
Venereal diseases ..							
Premature Birth	3	3					
Diseases and accidents of parturition ...							
Heart diseases	3						3
Accidents							
Suicides							
.....							
.....							
.....							
.....							
All other causes	16	3				2	11
All causes	30	8	1	1		4	16

Rock Rural District.

Dr. Whitaker reports that the District is purely Rural, and that there are no bye-laws, neither is there any isolation accommodation. He, however, suggests that a steam disinfecter might with advantage be provided by the Cleobury and Rock District Councils and Boards of Guardians; the necessity for which is emphasized by the recent outbreak of Scarlet Fever.

He also advises the Council to provide a spray apparatus for disinfecting rooms and furniture. The outbreaks of infectious disease have been few.

The house accommodation is said to be fairly good.

Dr. Whitaker suggests the expediency of utilizing a wind engine or some such appliance for pumping water up to Clows Top, for he adds that "water is now frequently carried a good distance by some of the villagers." The Slaughter-houses are reported to be satisfactory, and the general sanitary condition of the District good.

Skipston-on-Stour Rural District.

TABLE A.

Area in acres, 18,466.			
Population 1891	...	...	5,187.
„ 1901	...	...	4,701.
<hr/>			
Decrease 1891-1901	...		486.
Estimated Population 1900			4,956.
Name of Medical Officer of Health, GEORGE FINDLAY, M.A., M.B.			
<i>Mortality per 1,000 of Population living during same period.</i>			
Birth Rate, 22.0.		Nett Death Rate, 16.3.	
(a) Zymotic Death Rate, 0.6.	(b) Inf. Mortal, 156.		
Phthisis Death Rate, 0.6.	(c) Resp. Death Rate, 2.2.		
Smallpox Death Rate, 0.0.	Measles Death Rate, 0.0.		
Scarlatina Death Rate, 0.0.	Diphtheria and Membranous		
Whooping Cough Death Rate, 0.4.	Croup Death Rate, 0.0.		
(e) Diarrhœa Death Rate, 0.2.	(d) Fever Death Rate, 0.0.		
	(f) Enteritis Death Rate 0.0.		
Cancer, Malignant Disease Death Rate, 0.6.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			1	1		1	3	
Deaths ...								
Hospital Cases								
„ Deaths								

Disease prevalent :—Influenza.
Period :—Early months of the year.
Schools Closed :—None.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 - Epidemic enteritis;
 - Zymotic enteritis;
 - Epidemic diarrhœa. Summer diarrhœa;
 - Dysentery and dysenteric diarrhœa;
 - Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa." Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Shipston-on-Stour Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.												
1891.												
1892.												
1893.												
1894.												
1895.	5,067	137	27.0	12	88	88	17.3	19	13	5	80	15.7
1896.	5,040	121	24.0	14	115	91	18.0	18	10	—	81	16.0
1897.	5,016	126	25.0	12	94	85	16.9	9	8	1	78	15.7
1898.	4,995	104	20.8	19	182	91	18.2	12	9	1	83	16.6
1899.	4,975	124	24.9	13	105	82	16.4	16	13	1	70	14.0
Averages for Years 1895-1899.	5,018	122	24.3	12	117	87	17.3	15	11	2	78	15.6
1900.	† 4,956	109	22.0	17	156	87	† 17.6	13	7	1	81	† 16.3

* Rates calculated per 1,000 of estimated population.

Shipston-on-Stour Rural District.

TABLE IV.

Causes of, and ages at, Deaths during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough	2	2					
Diphtheria and membranous croup							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza	13					6	7
Cholera							
Plague... ..							
Diarrhœa	1	1					
Enteritis							
Puerperal fever							
Erysipelas	1			1			
Other septic diseases...							
Phthisis	3					3	
Other tubercular diseases							
Cancer, malignant disease... ..	3						3
Bronchitis	8	1	3				4
Pneumonia	1	1					
Pleurisy							
Other diseases of Respiratory organs	2					1	1
Alcoholism {							
Cirrhosis of liver {							
Venereal diseases							
Premature Birth	1	1					
Diseases and accidents of parturition							
Heart diseases... ..	10			1		3	6
Accidents	3	1				2	
Suicides							
Apoplexy	5					3	2
Old age	9						9
..... ..							
..... ..							
..... ..							
All other causes... ..	19	10	1	1		4	3
All causes	81	17	4	3		22	35

Shipston-on-Stour Rural District.

Dr. Findlay reports that the Infantile Mortality (156) is considerably above the average for the past years (117), and says that this high mortality is specially unfavorable in the Shipston Registration Sub-District, where the mortality amounted to 212 last year.

The District was very free from notifiable disease. Dr. Findlay mentions that he is making a house-to-house inspection of all parts of the District, but latterly this has been interfered with owing to the resignation of the Sanitary Inspector (Mr. H. Gander).

The temporary Isolation Hospital at the Old Silk Mill, Blockley, has been retained as an Isolation Hospital, although it was not necessary to use it last year.

A Joint Committee of the Shipston-on-Stour District Council have made arrangements for the erection of what will probably be a suitable Joint Isolation Hospital. The water scheme for Shipston-on-Stour approaches completion; but the sewerage of the town has, with the consent of the L.G.B., been deferred.

Dr. Findlay reports that several of the stone drains in the town have been blocked during the year, and consequently have been opened and repaired. It is mentioned that the Blockley sewerage and water supply schemes have worked satisfactorily, but that the water supply of Paxford has given some trouble; he adds that "if the water supply for Moreton-in-Marsh is obtained from Ebrington, as at present contemplated, the mains will pass close by this village, a good supply might be obtained from them."

A Committee has been appointed to consider as to a set of bye-laws suitable for the District.

Stow-on-the-Wold Rural District (Worcestershire Parishes).

TABLE A.

Area in acres, 2,289.			
Population 1891 ...	...		337
„ 1901 ...	...		292
<hr/>			
Decrease 1891-1901 ...	...		45
Estimated Population 1900			337

Name of Medical Officer of Health, EDWIN DENING.

Mortality per 1,000 of Population living during same period.

Birth Rate, 20·8.		Nett Death Rate, 2·6.	
(a) Zymotic Death Rate, 0·0.		(b) Inf. Mortal, 0·0.	
Phthisis Death Rate, 0·0.		(c) Resp. Death Rate, 0·0.	
Smallpox Death Rate, 0·0.		Measles Death Rate, 0·0.	
Scarlatina Death Rate, 0·0.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0·0.		Croup Death Rate, 0·0.	
(e) Diarrhœa Death Rate, 0·0.		(d) Fever Death Rate, 0·0.	
		(f) Enteritis Death Rate, 0·0.	

Cancer, Malignant Disease Death Rate, 0·0.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...								
Deaths ...								
Hospital Cases								
„ Deaths								

Diseases prevalent :—None.

Period:—

Schools Closed :—No.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
 Epidemic enteritis;
 Zymotic enteritis;
 Epidemic diarrhœa. Summer diarrhœa;
 Dysentery and dysenteric diarrhœa;
 Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.” Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	382	7	18.3		0.0	5	13.0	1			5	13.0
1891.	337	9	23.7	1	111	9	23.7	1			9	23.7
1892.	337	11	32.6	2	181	6	17.8				6	17.8
1893.	337	8	20.7	1	125	3	8.9				3	8.9
1894.	337	5	14.8		0.0	4	11.8	1			4	11.8
1895.	337	7	20.8		0.0		0.0					0.0
1896.	337	6	17.8		0.0	5	14.8		1		+	11.8
1897.	337	7	20.8	2	285	7	20.8				7	20.8
1898.	337	5	14.8		0.0	7	20.8				7	20.8
1899.	337	5	14.8		0.0	3	8.9				3	8.9
Averages for years 1890-1899.	341	7	19.9		70	49	14.0				4	13.7
1900.	337	7	20.8		0.0	1	2.6				1	2.6

*Rates calculated per 1,000 of estimated population.

Stow-on-the-Wold Rural District (Worcestershire Parishes).

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up- wards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough ..							
Diphtheria and mem- branous croup ...							
Croup							
Fever { Typhus ...							
{ Enteric ...							
{ Other continued							
Epidemic influenza ...							
Cholera							
Plague... ..							
Diarrhœa							
Enteritis							
Puerperal fever ...							
Erysipelas							
Other septic diseases...							
Phthisis							
Other tubercular di- seases							
Cancer, malignant di- sease							
Bronchitis							
Pneumonia							
Pleurisy							
Other diseases of Res- piratory organs ...							
Alcoholism {							
Cirrhosis of liver {							
Venereal diseases ...							
Premature birth ...							
Diseases and accidents of parturition ..							
Heart diseases ...							
Accidents							
Suicides							
Senile decay	I						I
.....							
.....							
.....							
All other causes ...							
All causes ...	I						I

Stow-on-the-Wold Rural District (Worcestershire Parishes).

Dr. Denning mentions that "during the year there has been no "single matter calling for comment in the two (Worcestershire) "parishes of Daylesford and Evenlode."

No infectious disease was reported, and the fact that the death-rate is only 2·6 emphasizes (what I have so often stated) that death-rates for small areas are very often mis-leading, inasmuch as they frequently manifest extraordinary extremes.

Tenbury Rural District.

TABLE A.

Area in acres, 23,434.			
Population 1891	...	...	4,936.
„ 1901	...	...	4,838.
<hr/>			
Decrease 1891-1901	...	...	98.
Estimated Population 1900	...	...	4,900.

Name of Medical Officer of Health, E. T. WHITAKER, M.D.

Mortality per 1,000 of Population living during same period.

Birth Rate, 25.1.		Nett Death Rate, 12.4.	
(a) Zymotic Death Rate, 1.2.		(b) Inf. Mortal, 112.	
Phthisis Death Rate, 0.4.		(c) Resp. Death Rate, 1.6.	
Smallpox Death Rate, 0.0.		Measles Death Rate, 0.0.	
Scarlatina Death Rate, 0.2.		Diphtheria and Membranous	
Whooping Cough Death Rate, 0.0.		Croup Death Rate, 0.0.	
(e) Diarrhœa Death Rate, 0.2.		(d) Fever Death Rate, 0.0.	
		(f) Enteritis Death Rate 0.0.	

Cancer, Malignant Disease Death Rate, 0.8.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			23				7	
Deaths ...			1					
Hospital Cases								
„ Deaths								

Disease prevalent :—Whooping Cough.

Period :—Nov., Dec.

Schools Closed :—Tenbury Infant School (voluntarily), Eastham.

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.” Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-Residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.												
1891.												
1892.												
1893.												
1894.												
1895.												
1896.												
1897.	4,930	123	24.9	19	154	70	14.2	11			70	14.2
1898.	4,900	132	26.9	13	98	77	15.7	5			77	15.7
1899.	4,900	110	22.4	13	118	67	13.6	6	4	2	65	13.2
Averages for Years 1897-1899.	4,900	121	24.7	15	123	71	14.5	7			70	14.3
1900.	† 4,900	124	25.1	14	112	62	12.6	7	2	1	61	† 12.4

* Rates calculated per 1,000 of estimated population.

Tenbury Rural District.

TABLE IV.
Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles							
Scarlet fever	1		1				
Whooping-cough							
Diphtheria and membranous croup							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza	4				1	1	2
Cholera							
Plague... ..							
Diarrhœa	1		1				
Enteritis							
Puerperal fever							
Erysipelas							
Other septic diseases... ..							
Phthisis	2					1	1
Other tubercular diseases	2	1	1				
Cancer, malignant disease	4					3	1
Bronchitis	7	3	1				3
Pneumonia	1	1					
Pleurisy							
Other diseases of Respiratory organs							
Alcoholism	1					1	
Cirrhosis of liver }							
Venereal diseases							
Premature birth	6	6					
Diseases and accidents of parturition							
Heart diseases	6			1		2	3
Accidents							
Suicides							
.....							
.....							
.....							
.....							
.....							
All other causes	26	3	3			12	8
All causes	61	14	7	1	1	20	18

Tenbury Rural District.

Dr. Whitaker reports that the last few years have witnessed a good deal of improvement in the sanitary condition of the District. 23 cases of Scarlet Fever occurred in 5 different parishes, and necessitated the closure of one school.

He adds, "You have, however, realized the need of an isolation cottage, and at the end of the year you decided to provide one, and I have accordingly been advising upon certain cottages provisionally selected by you, and I hope this year to see one selected and put in working order."

"You have also on my advice provided a Spray disinfector of approved pattern for use in cottage property. I should like to see a steam disinfector provided which might be available for the Burford District also as well as the Guardians."

The house accommodation is reported to be satisfactory on the whole. It is mentioned that the Tenbury sewers are regularly flushed, but "liability of the river to dam up the outlets are the chief difficulties. Until the public supply of water is laid on to all these houses requiring a proper supply, (he) hesitates in pushing the claims for a better system."

Dr. Whitaker urges the necessity for a systematic collection of town refuse.

The Slaughter-houses and Bake-houses are reported satisfactory, and the Dairies and Cowsheds to be few.

Tewkesbury Rural District (Worcestershire Parishes).

TABLE A.

Area in acres, 10,019			
Population 1891	...	...	2,488
„ 1901	...	..	2,293
<hr/>			
Decrease 1891-1901	...	...	195
Estimated Population, 1900			2,488

Name of Medical Officer of Health, A. F. TURNER.

Mortality per 1,000 of Population living during same period.

Birth Rate, 20.1.		Nett Death Rate, 13.2.	
(a) Zymotic Death Rate, 2.0.		(b) Inf. Mortal, 100.	
Phthisis Death Rate, 0.4.		(c) Resp. Death Rate, 1.2.	
Smallpox Death Rate, 0.0.		Measles Death Rate, 0.0.	
Scarlatina Death Rate, 0.0.		Diphtheria and Membranous	
Whooping Cough Death Rate, 1.6.		Croup Death Rate, 0.4.	
(e) Diarrhœa Death Rate, 0.0.		(d) Fever Death Rate 0.0.	
		(f) Enteritis Death Rate, 0.0.	
Cancer, Malignant Disease Death Rate, 0.0.			

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			3	1			3	
Deaths ...				1				
Hospital Cases			3					
„ Deaths								

Diseases prevalent:—

Period :—

Schools Closed :—

- (a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.
- (b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.
- (c) Includes Bronchitis, Pneumonia, Pleurisy.
- (d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.
- (e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from
Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhœa. Summer diarrhœa;
Dysentery and dysenteric diarrhœa;
Choleraic diarrhœa, cholera nostras (in the absence of Asiatic cholera).
- (f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.” Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS.	Deaths of Non- residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	3,518	37	14.8	2	54	38	15.4					
1891.	2,488	57	23.7	6	105	35	14.0					
1892.	2,488	68	27.2	5	73	45	18.0					
1893.	2,488	52	20.8	6	115	41	16.4					
1894.	2,488	57	22.9	3	52	39	15.6					
1895.	2,488	63	25.3	5	79	28	11.2					
1896.	2,488	62	24.9	4	64	45	18.8					
1897.	2,488	60	23.7	7	116	52	20.8					
1898.	2,488	54	21.7	3	53	29	11.6					
1899.	2,488					30	12.0					
Averages for Years 1890-1899.	2,591	56	22.7	4	78	38	15.3					
1900.	† 2,488	50	20.1	5	100	33	13.2					

* Rates calculated per 1,000 of estimated population.

Tewkesbury Rural District (Worcestershire Parishes).

TABLE IV.

Causes of, and ages at, Deaths during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough	4	1	2	1			
Diphtheria and membranous croup	1			1			
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza	1						1
Cholera							
Plague... ..							
Diarrhœa							
Enteritis							
Puerperal fever							
Erysipelas							
Other septic diseases... ..							
Phthisis	1					1	
Other tubercular diseases	1		1				
Cancer, malignant disease... ..							
Bronchitis	2						2
Pneumonia	1					1	
Pleurisy							
Other diseases of Respiratory organs							
Alcoholism							
Cirrhosis of liver }							
Venereal diseases							
Premature Birth	1	1					
Diseases and accidents of parturition							
Heart diseases... ..	4						4
Accidents	1					1	
Suicides	1					1	
.....							
.....							
.....							
.....							
.....							
All other causes... ..	15	3	3			5	4
All causes	33	5	6	2		9	11

Tewkesbury Rural District (Worcestershire Parishes).

Dr. Turner reports that a death from Diphtheria took place in the village of Overbury, and a second case took place on the dividing line between Overbury and the parish of Kemmerton.

He also reports that the drainage of Overbury is very defective, and that a scheme for improving it has been submitted to the L.G.B. Since the report was written the L.G.B. Inquiry was held at Overbury on the 7th May, 1901.

Dr. Turner states that the water supply of the District is greatly improved. The parishes of Bredon and Overbury have an excellent supply.

He mentions that the Bredon sewerage scheme is completed, and the house connections are almost finished; he calls attention to the defective flushing of the sewers, and states that the outfall is in an unsatisfactory condition. He urges that the management of the land should have been retained in the hands of the Council, and that under-letting of the land is strongly objected to by the L.G.B.

The want of flushing of the sewers and the unsatisfactory condition of the outfall works at Bredon were the subject of a communication addressed by the County Council to the Tewkesbury R.D.C. on the 23rd May, 1901.

Dr. Turner reports that the Isolation Hospital is doing good work; but he mentions that the purchase of a steam disinfecter would be of great service. The report concludes as follows, viz.: "Vaccination has practically ceased to be performed, and the number of unvaccinated children throughout the District must be enormous. At the present time there is no Vaccination Officer, and therefore the Public Vaccinators have received no lists of children requiring vaccination."

Upton-on-Severn Rural District.

TABLE A.

Area in acres, 52,000.

Population 1891 ... 14,242.
 „ 1901 ... 14,271.*

Increase 1891-1901 ... 29.

Estimated Population 1900 13,350.

Name of Medical Officer of Health, J. SELWYN COWLEY.

Mortality per 1,000 of Population living during same period.

Birth Rate, 25·0.

Nett Death Rate, 16·6.

(a) Zymotic Death Rate, 1·1.

(b) Inf. Mortal, 131.

Phthisis Death Rate, 1·0.

(c) Resp. Death Rate, 3·1.

Smallpox Death Rate, 0·0.

Measles Death Rate, 0·0.

Scarlatina Death Rate, 0·0.

Diphtheria and Membranous

Whooping Cough Death Rate, 0·9.

Croup Death Rate, 0·1.

(d) Fever Death Rate, 0·0.

(e) Diarrhœa Death Rate, 0·07.

(f) Enteritis Death Rate, 0·2.

Cancer, Malignant Disease Death Rate, 0·7.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			14	8		2	12	2
Deaths ...				2				1
Hospital Cases			8					
„ Deaths								

*Including County Asylum (Population 1,283).

Diseases prevalent :—Whooping Cough and Measles.

Period :—First nine months Whooping Cough latter half of year
 Measles.

Schools Closed:—Powick and Upton-on-Severn.

(a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.

(b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.

(c) Includes Bronchitis, Pneumonia, Pleurisy.

(d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.

(e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;

Zymotic enteritis;

Epidemic diarrhœa. Summer diarrhœa;

Dysentery and dysenteric diarrhœa;

Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).

(f) Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of “Diarrhœa.”

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Upton-on-Severn Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	14,271	419	25.3	49	126	255	16.0	71	5			
1891.	14,271	458	28.0	43	93	285	17.4	61				
1892.	14,271	430	26.3	55	127	329	20.1	78	3			
1893.	14,271	455	27.8	49	107	251	15.3	71				
1894.	14,271	339	23.6	42	123	225	15.6	95	3			
1895.	14,271	419	29.2	39	93	251	17.4	77	3			
1896.	14,271	384	26.7	54	140	250	16.0	94	2			
1897.	14,271	370	27.1	42	113	241	17.6	77				
1898.	14,271	343	25.1	23	67	207	15.1	106	3			
1899.	14,271	337	25.2	36	106	192	14.3	91				
Averages for years 1890-1899.	14,271	395	26.4	43	109	249	16.4	82				
1900.	† 14,271	334	25.0	44	131	365	† 25.5	159	142		223	16.7

* Rates calculated per 1,000 of estimated population.

† The Census population 1901 is given as 12,988, exclusive of the Count Asylum, therefore the nett Death-rate on this basis would be 18.2.

Upton-on-Severn Rural District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough	13	9	4				
Diphtheria and membranous croup	2			2			
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza	19	2				10	7
Cholera							
Plague							
Diarrhœa	1	1					
Enteritis	4	2	2				
Puerperal fever	1					1	
Erysipelas							
Other septic diseases... ..	1					1	
Phthisis	14				5	9	
Other tubercular diseases							
Cancer, malignant disease	10					4	6
Bronchitis	31	4	4			3	20
Pneumonia	10	3	1		1	3	2
Pleurisy							
Other diseases of Respiratory organs	1					1	
Alcoholism {							
Cirrhosis of liver {							
Venereal diseases							
Premature Birth	6	6					
Diseases and accidents of parturition							
Heart diseases	32	1	1		1	14	15
Accidents	6	2	1			2	1
Suicides							
.....							
.....							
.....							
.....							
All other causes	86	14	4	1		15	50
All causes	237	44	17	3	9	63	101

Upton-on-Severn Rural District.

Parts of the Upton-on-Severn District having been transferred to Malvern, estimation of the population of the Upton District in 1900 was no easy matter. Mr. Cowley has, however, calculated his Vital Statistics on an estimated population of 13,350, excluding the Asylum. The census of 1901 proves that the total population of the Upton District was 14,271, and 1,283 of these are included in the Asylum. Therefore, deducting the latter number from the former, the actual population of the Upton District in 1901, exclusive of the Asylum, was 12,988; Mr. Cowley's estimate for 1900 therefore was but 362 in excess of the census returns, which is, under all circumstances, very near the mark.

Mr. Cowley's report shews that, with the exception of epidemics of Measles and Whooping Cough, the Upton District was fairly free from outbreaks of infectious diseases. He states that "the cottage which had for some time served the purpose of isolation in Scarlet Fever was given up, your Committee being of opinion with (him) that it was no longer suitable . . . (so there is now) no place for the purpose." The District Council are, however, not responsible for this, as it was owing to delay on the part of the L.G.B. in arriving at a decision as to whether or not the Upton-on-Severn and Pershore Joint Hospital Board should deal with the question. During the present year, however, the Joint Board is to be dissolved, and therefore the Upton Council are taking the question in hand. In fact, I have at their request already conferred with one of their Committees on the subject.

Mr. Cowley mentions that the L.G.B. will sanction none but the "pumping scheme" for dealing with the sewerage of Callow End and Pole Elm, so I believe this will be proceeded with, as the Council are "still under the injunction of the High Court of Justice regarding the nuisance at Pole Elm."

The Hanley Castle drainage is reported to be complete, and Mr. Cowley says "the distribution of the sewage and its disposal appear to be satisfactory."

Alluding to the Kempsey and Ripple drainage, Mr. Cowley remarks that "the schemes for dealing with the drainage have been in abeyance. Your Council stated to the County Council in a letter of April 20th, that in consequence of the decision of the County Council concerning the Stourport sewage disposal, it was impossible for this Authority to force upon such villages as Kempsey and Ripple (places which cause in the one case very slight, and in the other no actual pollution of the river) expensive drainage schemes against the wishes of the Ratepayers."

Mr. Cowley thinks, as regards Ripple, some "less expensive scheme could reasonably be adopted"; and I certainly think so too.

The town of Upton-on-Severn is reported to be drained "by means of the old brick culvert system." As I have reported, the crude sewage goes direct to the Severn.

Attention is evidently given to the Slaughter-houses, Lodging-houses, Canal Boats, and Dairies and Cowsheds.

Winchcombe Rural District (Worcestershire Parish).

TABLE A.

Area in acres, 1,560.		
Population 1891 ...	...	126
„ 1901 ...	...	116
<hr/>		
Decrease 1891-1901 ...	...	10
Estimated Population 1900		126

Name of Medical Officer of Health, Wm. Cox.

Mortality per 1,000 of Population living during same period.

Birth Rate, 39.6.	Nett Death Rate, 7.9.
a) Zymotic Death Rate, 0.0.	(b) Inf. Mortal, 0.0.
Phthisis Death Rate, 0.0.	(c) Resp. Death Rate, 7.9.
Smallpox Death Rate, 0.0.	Measles Death Rate, 0.0.
Scarlatina Death Rate, 0.0.	Diphtheria and Membranous
Whooping Cough Death Rate, 0.0.	Croup Death Rate, 0.0.
(e) Diarrhœa Death Rate, 0.0.	(d) Fever Death Rate, 0.0.
	(f) Enteritis Death Rate, 0.0.
Cancer, Malignant Disease Death Rate, 0.0.	

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...								
Deaths ...								
Hospital Cases								
„ Deaths								

Diseases prevalent :—

Period:—

Schools Closed :—

(a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.

(b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.

(c) Includes Bronchitis, Pneumonia, Pleurisy.

(d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.

(e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;

Zymotic enteritis;

Epidemic diarrhœa. Summer diarrhœa;

Dysentery and dysenteric diarrhœa;

Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).

(f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-Residents registered in District.	Deaths of residents registered beyond District.	DEATHS AT ALL AGES. NETT.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	126	4	37.1	1	250	4	31.7					
1891.	126	4	37.1			1	7.9					
1892.	126	7	55.5			2	15.9					
1893.	126	6	48.1			1	7.9					
1894.	126	5	39.6	2	400	3	23.8					
1895.	126	4	37.1			1	7.9					
1896.	126	5	39.6	1	200	2	15.9					
1897.	126	3	23.8			2	15.9					
1898.	126	6	48.1	1	166	2	15.9					
1899.	126	6	48.1			2	15.9					
Averages for Years 1890-1899.	126	5	39.6		101	2	15.9					
1900.	126	5	39.6		0.0	1	7.9					

*Rates calculated per 1,000 of estimated population.

Winchcombe Rural District (Worcestershire Parish).

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles							
Scarlet fever							
Whooping-cough							
Diphtheria and membranous croup							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic influenza							
Cholera							
Plague... ..							
Diarrhœa							
Enteritis							
Puerperal fever							
Erysipelas							
Other septic diseases... ..							
Phthisis							
Other tubercular diseases							
Cancer, malignant disease							
Bronchitis							
Pneumonia	I					I	
Pleurisy							
Other diseases of Respiratory organs							
Alcoholism }							
Cirrhosis of liver }							
Venereal diseases							
Premature birth							
Diseases and accidents of parturition							
Heart diseases							
Accidents							
Suicides							
.....							
.....							
.....							
.....							
.....							
All other causes							
All causes	I					I	

Winchcombe Rural District (Worcestershire Parish).

Mr. Cox's report contains no special reference to the solitary Worcestershire parish in this District (Cutsdean).

Yardley Rural District.

TABLE A.

Area in acres, 7,590.

Population 1891 ... 17,141.

,, 1901 ... 33,947.

Increase 1891-1901 ... 16,806.

Estimated Population 1900 34,750.

Name of Medical Officer of Health, GEORGE WILSON, M.A., M.D.,
D.P.H., &c.*Mortality per 1,000 of Population living during same period.*

Birth Rate, 28.2.

Nett Death Rate, 12.5.

(a) Zymotic Death Rate, 1.4.

(b) Inf. Mortal, 122.

Phthisis Death Rate, 1.1.

(c) Resp. Death Rate, 2.6.

Smallpox Death Rate, 0.0.

Measles Death Rate, 0.02.

Scarlatina Death Rate, 0.0.

Diphtheria and Membranous

Whooping Cough Death Rate, 0.5.

Croup Death Rate, 0.0.

(e) Diarrhœa Death Rate, 0.6.

(d) Fever Death Rate, 0.2.

(f) Enteritis Death Rate 0.02.

Cancer, Malignant Disease Death Rate, 0.6.

	Smallpox.	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases ...			81	20		28	27	
Deaths ...		1				7	2	
Hospital Cases			52					
„ Deaths								

Disease prevalent :—Whooping Cough.

Period :—More or less throughout the year.

Schools Closed :—None.

(a) Includes Smallpox, Measles, Scarlatina, Diphtheria, Whooping Cough, Fever and Diarrhœa.

(b) Estimated by measuring the proportion of deaths of infants under 1 year per 1,000 of the births registered during the same period.

(c) Includes Bronchitis, Pneumonia, Pleurisy.

(d) Includes Typhus, Enteric Fever, and indefinite forms of continued Fevers.

(e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;

Zymotic enteritis;

Epidemic diarrhœa. Summer diarrhœa;

Dysentery and dysenteric diarrhœa;

Choleraic diarrhœa, cholera, cholera nostras (in the absence of Asiatic cholera).

(f) Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term of "Diarrhœa."

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Yardley Rural District.

TABLE I.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in District.	Deaths of Residents registered beyond District.	DEATHS AT ALL AGES NETT.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number.	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1890.	17,141	466	26.6	50	107	233	13.3					
1891.	17,141	529	30.5	62	117	227	13.1					
1892.	17,141	553	30.5	66	119	259	14.3					
1893.	18,850	573	30.4	73	125	266	13.7					
1894.	20,750	558	26.8	70	125	245	11.8					
1895.	21,500	565	26.2	69	123	274	12.7					
1896.	23,200	577	24.8	61	105	307	13.1					
1897.	26,450	685	25.8	93	135	326	12.1					
1898.	28,750	833	28.9	121	145	349	12.2					
1899.	31,750	864	27.2	115	133	375	11.8					
Averages for years 1890-1899.	22,267	620	27.7	78	123	286	12.9					
1900.	34,750	983	28.2	120	122	436	12.5	10	10	11	437	†12.5

*Rates calculated per 1,000 of estimated population.

† The Census 1901 gives the Population as 33,947 therefore the nett Death-rate on this basis is 12.8.

Yardley Rural District.

TABLE IV.

Causes of, and ages at, Death during Year 1900.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.						
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	1		1				
Scarlet Fever							
Whooping-cough	20	11	9				
Diphtheria and membranous croup							
Croup							
Fever { Typhus	7				2	5	
Enteric							
Other continued							
Epidemic influenza	13		1			6	6
Cholera							
Plague... ..							
Diarrhœa	24	21	3				
Enteritis	1					1	
Puerperal fever							
Erysipelas	2	1					1
Other septic diseases... ..							
Phthisis	40			1	11	28	
Other tubercular diseases	8	2	5	1			
Cancer, malignant disease	21				1	14	6
Bronchitis	45	10	6	1		11	17
Pneumonia	47	14	4	3	1	22	3
Pleurisy							
Other diseases of Respiratory organs							
Alcoholism	9					8	1
Cirrhosis of liver							
Venereal diseases	1					1	
Premature birth	13	13					
Diseases and accidents of parturition	3				1	2	
Heart diseases	28	1		1	2	13	11
Accidents	10	4	1		2	3	
Suicides	5					5	
.....							
.....							
.....							
.....							
All other causes ..	139	43	7	1	1	36	51
All causes	437	120	37	8	21	155	96

Yardley Rural District.

Dr. Wilson reports very favorable vital statistics, and considering the population of the District is large (33,947 by 1901 census) records few outbreaks of notifiable disease. Measles has been generally epidemic in Worcestershire, but Dr. Wilson states "there was no prevalence of the disease . . . (in any part) of the District. Whooping Cough, however, was more or less prevalent throughout most of the year, though at no time so prevalent as to necessitate closure of any Schools."

28 cases of and 7 deaths from Typhoid Fever are reported, "but the only localities in which the disease threatened to spread were in some low-lying cottages at Stechford and . . . Greet."

Dr. Wilson says that in the latter instance, as jerry-built houses were in existence, there were grounds for fearing a serious outbreak, but precautionary measures promptly taken averted such an occurrence.

As regards the hospital accommodation of the District, he says, "As only Scarlet Fever cases were admitted during the year, the hospital was at no period of the year half-full, even including cases from the Solihull District, but looking to the future and to securing provision for Typhoid Fever and Diphtheria cases when required, the question for extension demands attention, as well as a separate hospital to be in readiness for any Smallpox cases which may crop up in the near future."

"These are questions which are now under the consideration of the Joint Hospital Committee."

Building is going on largely, and the suppression of "jerry building" is evidently firmly dealt with. Plans for 4 new streets have been approved, and application has been made to the L.G.B. to take over 34 new streets; "while in respect to street improvements generally . . . the Board has held an Inquiry on borrowing a loan of £12,000."

Dr. Wilson reports important sewer extensions, and adds that he is "in a position to be able to assure the ratepayers that the health interests of the community are of the first concern," even though the serious question of ways and means have to be faced.

It would appear that "the Surveyor has directed attention . . . to the entrance of solid and acid liquids into the sewers from various works, and he has served notices under the provisions of the Public Health Amendments Act, 1890, to discontinue the same."

The Yardley Trust have handed over several areas near the populous centres of the District as recreation grounds.

Reports of Sanitary Inspectors.

There are 31 Sanitary Inspectors for the 30 Districts in the County, and their names and qualifications are given in Table XX.

The only change in this Staff during 1900 was that Mr. C. J. Gander took the place of Mr. Henry Gander in the Shipston-on-Stour Rural District. By Mr. Henry Gander's promotion the County loses a most zealous and efficient officer.

Once more I have to express my thanks to the Inspectors who have courteously sent in Annual Reports on the Forms issued by the County Council; for I would remind you that they are under no legal obligation to do so.

Mr. W. Walker (Tewkesbury Rural), Mr. C. J. Milton (Bromsgrove North Urban), and Mr. C. Gardner (Winchcombe Rural) are the only Inspectors in the County who did not forward me such Reports.

Table XX. summarizes these Reports, and shows the various work upon which they have each been engaged.

SLAUGHTER-HOUSES.

From correspondence I have had with some Inspectors for Rural Districts I find that there is some confusion as to the *registering* of Slaughter-houses; and therefore I take this opportunity of stating that the expression "Slaughter-houses" includes the buildings and places commonly called Slaughter-houses and knackers' yards, and any building or place used for slaughtering cattle, horses, or animals of any description for sale.

Urban Authorities possess power under the Public Health Act 1875, to regulate Slaughter-houses; but Rural Authorities can only exercise such authority after the Local Government Board have conferred certain "urban powers" upon them.

For the purpose of enabling any Urban Authority to regulate Slaughter-houses in their District the provisions of the Towns Improvement Clauses Act 1847, with respect to Slaughter-houses are incorporated with the Public Health Act 1875.

The provisions thus incorporated recognise two classes of Slaughter-houses, viz., Slaughter-houses which were in use and occupation at the time of the passing of the special Act (*i.e.*, at the time

when the provisions in the Public Health Act relating to Slaughter-houses were first applied to the District) and which have continued to be used as Slaughter-houses ever since; and Slaughter-houses which do not come within this description. The latter class may not be used or occupied as Slaughter-houses until they have been *licensed* by the Sanitary Authority. The former class do not require a license, but they must be *registered* at the office of the Sanitary Authority.

Penalties are imposed by the Act on persons using any place as a Slaughter-house until it has been licensed or registered in accordance with the requirements of the Act.

Prior to the adoption of Part III. of the Public Health Acts Amendment Act 1890, licenses granted under the above enactment will not be annual licenses, but will be granted once for all. Nor in those cases is a fresh license necessary when part of the Slaughter-house is rebuilt or when a slight addition is made to the Slaughter-house, but in any Urban District where Part III. of the Act of 1890 has been adopted licenses granted after such adoption for the use and occupation of places as Slaughter-houses are to be in force for such time or times only, not being less than twelve months, as the Urban Sanitary Authority shall think fit to specify on their licenses.

It becomes the duty of the Sanitary Authority, therefore, from time to time by bye-laws to make regulations for the licensing, registering, and inspection of Slaughter-houses and knackers' yards, and preventing cruelty therein, and for keeping the same in a cleanly and proper state, and for removing filth, and requiring them to be provided with a proper supply of water; and pecuniary penalties not exceeding £5 for any one offence, and in the case of a continuing nuisance, 10s. a day for every day during the continuance of the nuisance, after the conviction for the first offence may be imposed on persons breaking such bye-laws.

The absence of power to compel Butchers to use a Public Abattoir when erected by the Sanitary Authority, and the difficulty of doing away with old and badly arranged Slaughter-houses have, without doubt, in many instances prevented the erection of desirable public Slaughter-houses, which, for many reasons, are far preferable to private ones.

FACTORIES AND WORKSHOPS.

Once more I wish to call attention to the fact that the Workshops in the County do not seem to be generally inspected. This is greatly to be regretted, for, as I stated last year, I fear it is not realized how important it is for the health of those employed in such places that the cubic space, ventilation, excrement disposal, etc., are sufficient. In 1899, 14 Inspectors reported on Workshops; but last year only 12 made any reference to this subject.

BEWDLEY BOROUGH.

Mr. Humpherson mentions that Scavenging was let to a Contractor who has failed to give him the information requisite to fill up the returns in his tabular statements, and that the work was being done in such an irregular manner that since the 22nd March, 1900, the Corporation have undertaken it with their own staff.

He says that a new pipe sewer has been laid from Barrets Stile to Wyre Hill, and four defective sewers have been repaired.

EVESHAM BOROUGH.

Mr. Harvey reports that he has had two yards paved and that a public mortuary has been built.

KIDDERMINSTER URBAN DISTRICT.

Mr. Cowderoy reports that 55 Bakehouses have been regularly inspected and limewashed, and that in nearly every instance they are well located as regards light and air.

The Dairies and Cowsheds are reported to be clean, and the Slaughter-houses are evidently well looked after; six of them are said to be "unsuitable for slaughtering."

227 inspectors under the Factory and Workshops Acts have been made, and Mr. Cowderoy mentions that "The Seats for Shop Assistants Act, 1899," is well complied with. The Canal Boats seem to be regularly inspected.

He also states that an "Eclipse smoke testing machine" ordered by his Committee is working admirably, and has been the means of finding out many defects in pipes and joints which otherwise would have been overlooked.

In several instances it was necessary to caution tradesmen for exposing unsound food.

Mr. Cowderoy also gives meteorological returns.

MALVERN URBAN DISTRICT.

Mr. Hillyard's Report shows that sanitary work in Malvern received great attention.

A considerable amount of time has been devoted to house drainage, as 203 drains were laid or re-laid during the year. The

Housing of the Working Classes has received much attention. "Sanitary Certificates" for houses are only granted after rigid tests have been applied.

OLDBURY URBAN DISTRICT.

Mr. G. H. Robbins gives a full Report and states that 35 additional W.C.'s have been provided, and 105 middens have been converted to W.C.'s.

Attention has been given to the re-laying of house drains.

It is stated that considerable improvement has been effected in the sanitary condition of the public schools.

Mr. Robbins gives no statistical information as to Dairies and Cowsheds in his tabular statement, but from the statements contained in the written part of his Report it is obvious that this matter is receiving attention and that in spite of much opposition the work of re-modelling Dairies and Cowsheds in the Oldbury District is being continued.

Attention has been given to the Factory and Workshops Act.

Scavenging has this year been carried out far better than in some years past.

285 Canal Boats have been inspected during the year.

234 houses were supplied from the Waterworks during the year.

REDDITCH URBAN DISTRICT.

Mr. Jameson, in a very full report, states that 311 notices were served during the year to abate nuisances and improving the sanitary condition of dwelling-houses generally.

46 houses were supplied by the Water Company.

Seven intercepting chambers have been constructed along the line of drainage between the houses and the sewers with good result.

Two seizures of unsound fruit were made during the year, and in one case a fine was inflicted.

No complaints as to offensive trades were received.

The Bake-houses, Factories and Workshops, Dairies and Cowsheds, and Common Lodging-houses have received attention.

Mr. Jameson states that 141 rooms have been disinfected as soon as patients were removed to the Isolation Hospital.

BROMSGROVE RURAL.

Mr. Knight reports that since commencing the House-to-House Survey of the District he has inspected 473 houses, and that during the year he has prepared plans for the sewerage of Clent and Alvechurch.

DROITWICH RURAL DISTRICT.

Schemes for the drainage of Northwick Lane (Claines) and Ombersley are under consideration.

EVESHAM RURAL DISTRICT.

Mr. Harvey reports sewer extensions in several parts of the District.

FECKENHAM RURAL DISTRICT.

Mr. Perkins states that the sewers, manholes, etc., at Astwood Bank have been thoroughly overhauled, and that a complete sewerage scheme for the village of Feckenham is now well in hand.

Two samples of water have been taken from new wells at Astwood Bank, both of which were condemned.

PERSHORE RURAL DISTRICT.

Mr. Moulson reports that 65 samples of water were sent for analysis during the year, and that 57 of them were condemned.

ROCK RURAL DISTRICT.

Mr. Downes states that he has inspected 217 houses, and that the absence of good drinking water in many places in the District is complained of.

YARDLEY RURAL DISTRICT.

Mr. Brown gives a very complete report, and states that of 19 samples of water submitted for analysis, 8 were reported unfit for drinking purposes.

The Dairies and Cowsheds, Slaughter-houses, Bake-houses,

Factories and Workshops, and Canal Boats appear to receive every attention.

One license was granted under the Petroleum Acts.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your obedient Servant,

G. H. FOSBROKE, D.P.H., Camb.,

County Medical Officer,

Member of the Sanitary Inspectors Examination Board,

Examiner and Fellow of the Sanitary Institute, &c., &c.

SHIREHALL, WORCESTER,

July, 1901.

APPENDIX.

Interim Report of the Commissioners appointed in 1898 to enquire what methods of Treating and Disposing of Sewage, may be properly adopted.

TO THE KING'S MOST EXCELLENT MAJESTY.

MAY IT PLEASE YOUR MAJESTY,

We the Commissioners appointed to inquire and report:—

I. (1) What method or methods of treating and disposing of sewage (including any liquid from any factory or manufacturing process) may properly be adopted, consistently with due regard to the requirements of the existing law, for the protection of public health, and for the economical and efficient discharge of the duties of Local Authorities; and

(2) If more than one method may be so adopted, by what rules, in relation to the nature or volume of sewage, or the population to be served, or other varying circumstances or requirements, should the particular method of treatment and disposal to be adopted be determined; and

II. To make any recommendations which may be deemed desirable with reference to the treatment and disposal of sewage.

Humbly report as follows:—

PRELIMINARY.

1. We have examined a large number of witnesses, and visited many sewage works of various kinds. We have also instituted through our own officers a number of necessary scientific investigations.

2. Many of these investigations are still in progress, and considerable time must necessarily be taken by the work which still remains to be done, and especially by such work as is needed before the second part of the Terms of Reference can be adequately dealt with.

3. We have, however, arrived at conclusions on three questions which appear, for reasons hereafter given, to be

of urgent importance and we have therefore deemed it desirable to make a preliminary report and to publish the evidence already taken.

The three questions are:—

- (1) Are some sorts of land unsuitable for the purification of sewage.
- (2) Is it practicable uniformly to produce by artificial processes alone an effluent which shall not putrefy, and so create a nuisance in the stream into which it is discharged.
- (3) What means should be adopted for securing the better protection of our rivers.

Conclusions
of previous
Commissions.

4. Mr. Alfred Douglas Adrian, C.B., who, as Assistant Secretary of the Local Government Board, had charge for some years of the department concerned with questions of sewerage and sewage disposal, was the first witness whom we examined.

His evidence contains a most valuable historical statement of the subject of sewage disposal, of the law on the subject, and of the practice of the Local Government Board in regard to this matter.

Adrian, 35.

5. The first Sewage Commission was appointed in the year 1857. In 1865, as a result of labours extending over eight years, they reported that:—

Adrian, 52.

“The right way to dispose of town sewage is to apply it continuously to land, and it is only by such application that the pollution of rivers can be avoided.”

Adrian, 56.

6. In 1868, a further Commission was appointed to inquire into the best means of preventing the pollution of rivers. They made several reports, the fifth and last being made in 1874.

Adrian, 61.

The opinion of this Commission on the comparative merits of the three classes of processes for the treatment of sewage, viz.:—chemical precipitation, intermittent filtration, and broad irrigation, may be stated thus,—(1) All these processes are to a great extent successful in removing polluting organic matter in suspension. But intermittent filtration is best, broad irrigation ranks next, and the chemical precipitation processes are less efficient. (2) But for removing organic matters in solution the processes of downward intermittent filtration and broad irrigation are greatly superior to upward filtration and chemical processes.

7. The last Commission was appointed in 1882. They were directed to inquire into and report upon the system under which sewage was discharged into the Thames by the Metropolitan Board of Works, whether any evil effects resulted therefrom, and, if so, what measures could be applied for remedying or preventing the same. Adrian, 71.

In November, 1884, they issued their final Report. They found that evils did exist "imperatively demanding a prompt remedy," and that by chemical precipitation a certain part of the organic matter of the sewage would be removed. They reported, however, "that the liquid so separated would not be sufficiently free from noxious matters to allow of its being discharged at the present outfalls as a permanent measure. It would require further purification, and this, according to the present state of knowledge can only be done effectually by its application to land." Adrian, 74.

PRACTICE OF LOCAL GOVERNMENT BOARD.

8. Since the publication of the last-mentioned Report it has been the practice of the Local Government Board to require, save in exceptional cases, that "any scheme of sewage disposal, for which money is to be borrowed with their sanction, should provide for the application of the sewage or effluent to an adequate area of suitable land before its discharge into a stream." There can be no doubt, in our opinion, that the L.G.B. were bound under the circumstances to insist upon such a rule. Adrian, 107.

REASONS FOR RECONSIDERING POSITION.

9. It is now contended that in many cases, especially in the great centres of manufacturing industry, the land available is either of unsuitable quality, is available in quite inadequate area for effective filtration through the soil, or is obtainable only at a prohibitive cost, and it is suggested that sewage purification may, in such cases, be carried out on comparatively small areas artificially prepared. During recent years a variety of artificial processes, differing from those which were considered by the earlier Commissions, have been elaborated for treating sewage, and it is urged that satisfactory effluents can be obtained by such artificial processes. Tatton, 261,
284, 402-4,
6632.
Naylor, 931.
Barwise,
4028.
Maclean
Wilson,
6138-9.

SCOPE OF WORK OF THIS COMMISSION.

10. Having regard to the definite findings of previous Commissions, to the consequent practice of the Local

Government Board in insisting on the provision of land for the purification of sewage, and to the fact that the artificial processes are still only in the experimental stage and, as might be expected therefore, the evidence in regard to them is inconclusive on many points, it has appeared to us essential to subject the artificial processes to sustained examination, and also carefully to test the contention that in certain cases it is not practicable to purify sewage by land treatment.

11. At the time of the investigations of the earlier Commissions, the science of bacteriology was in its infancy, and these Commissions confined themselves almost entirely to a chemical examination of sewage effluents. Since the dates of those Commissions a large amount of exact knowledge has been gained concerning the part played by bacteria in various processes of nature and operations of man, and it became our duty to study the various questions connected with sewage disposal, not only from a chemical but from a bacteriological point of view as well. This has largely increased our labours, but we trust will also largely increase their usefulness. We have had to initiate and carry out various bacteriological investigations, and, in particular, finding that the work done by earlier Commissions in regard to land treatment was not complete enough for our purposes, we have thought it necessary to include in our work a systematic investigation, bacteriological as well as chemical, of the treatment of sewage on land of various kinds. This investigation is on the point of completion.

Officers
appointed.

12. For the purpose of our own work we appointed the following officers:—

Professor Boyce, Bacteriologist.
Dr. Houston, Bacteriologist.
Dr. McGowan, Chemist.
Mr. Colin Frye, Chemist.
Mr. G. B. Kershaw, Engineer.

QUESTION I.:—ARE SOME SORTS OF LAND UNSUITABLE FOR THE PURIFICATION OF SEWAGE.

Conclusions
as to certain
sorts of land.

13. As regards the allegations that certain sorts of land are so unsuitable as to render them practically useless for the purification of sewage, we have received evidence from a number of witnesses who have had much experience of sewage treatment. Almost without exception

their testimony is to the effect that peat and stiff clay lands are unsuitable for the purification of sewage.

14. Our own officers have made a large number of analyses of effluents from well managed farms with different classes of soil, and their results support this general opinion.

CONCLUSION 1.

15. We doubt if any land is entirely useless, but in the case of stiff clay and peat lands the power to purify sewage seems to depend on the depth of the top soil.

There are, of course, numerous gradations in the depths of top soil which are met with in nature, and it is not easy to draw the line between lands which contain a sufficient depth to justify their use, and lands which do not.

We are, however, forced to conclude that peat and stiff clay lands are generally unsuitable for the purification of sewage, that their use for this purpose is always attended with difficulty, and that where the depth of top soil is very small, say six inches or less, the area of such lands which would be required for efficient purification would in certain cases be so great as to render land treatment impracticable.

Further information with regard to this point will be available when our investigation of Land treatment is completed.

QUESTION II.:—IS IT PRACTICABLE UNIFORMLY TO PRODUCE BY ARTIFICIAL PROCESSES ALONE AN EFFLUENT WHICH SHALL NOT PUTREFY AND SO CREATE A NUISANCE IN THE STREAM INTO WHICH IT IS DISCHARGED.

16. The following general classification will serve to show the nature of the artificial processes to which we refer:—

Purification obtainable by artificial processes.

Closed septic tank and contact beds.

Open septic tank and contact beds.

*Chemical treatment, subsidence tanks, and contact beds.

Subsidence tanks and contact beds.

Contact beds alone.

Closed septic tank followed by continuous filtration.

* The expression "subsidence tanks" is intended to denote tanks which are used in such way that little or no "septic" action is produced.

Open septic tank followed by continuous filtration.

Chemical treatment, subsidence tanks, and continuous filtration.

Subsidence tanks followed by continuous filtration.

Continuous filtration alone.

17. Many valuable experiments on artificial treatment have been made by a number of local authorities, and in particular the Corporations of Leeds and Manchester have subjected certain processes to sustained observation. In this way much reliable information has been obtained.

18. We are not, however, in a position to express an opinion upon the relative merits of the several artificial processes, nor can we at present make a complete comparison between land treatment and artificial treatment of sewage, or state how far purification of sewage can be uniformly effected by one or another artificial process, and at what cost as compared with land treatment.

The character of the sewage of different towns varies to a considerable extent, especially in respect to the amount and nature of the trade refuse mixed with the domestic sewage, but also in respect to domestic sewage itself; and a method applicable to one sewage might not be applicable to another. The problems involved in the matter are so many and so varied that only investigation, and, we may add, experience of a prolonged and varied character, will suffice to solve them.

CONCLUSION 2.

19. After carefully considering, however, the whole of the evidence, together with the results of our own work, we are satisfied that it is practicable to produce by artificial processes alone either from sewage, or from certain mixtures of sewage and trade refuse such, for example, as are met with at Leeds and Manchester, effluents which will not putrefy, which would be classed as good according to ordinary chemical standards, and which might be discharged into a stream without fear of creating a nuisance.

We think, therefore, that there are cases in which the Local Government Board would be justified in modifying under proper safeguards, the present rule as regards the application of sewage to land.

No general rule as to what these safeguards should be can be laid down at present, and indeed it will, probably, always be necessary that each case should be considered on its own merits.

BACTERIOLOGICAL QUALITIES OF EFFLUENTS,
SEWAGE EFFLUENTS IN RELATION TO
DISEASE.

20. As we have already said sewage effluents must, in accordance with present knowledge, be judged not only from a chemical but also from a bacteriological point of view. In order to safeguard public health, it is, in certain cases at any rate, not enough to know the chemical features of an effluent and to ascertain that it will not putrefy of itself, we must know the bacteriological features as well.

21. Several witnesses have referred to the danger of allowing pathogenic organisms to enter streams which are used for drinking purposes, and our own officers are carrying out careful prolonged investigations on this matter.

Thomson,
1392.
Adeney,
2445-6.
Marshall
Ward,
2653-5;
2727 2748.
Woodhead,
2988.
Frankland,
3043-8.

We are impressed with the great importance of the bacteriological questions which have arisen in the course of our Inquiry, but we do not, at present, feel justified in putting forward any conclusions concerning them.

We may, however, even at this stage point out, that as a result of a large number of examinations of effluents from sewage farms and from artificial processes we find that while in the case of effluents from land of a kind suitable for the purification of sewage there are fewer micro organisms than in the effluents from most artificial processes, yet both classes of effluents usually contain large numbers of organisms, many of which appear to be of intestinal derivation, and some of which are of a kind liable, under certain circumstances at least, to give rise to disease.

Roscoe,
3653-5;
3662.
Barwise,
4041.
Rideal, 4406.
Thresh,
8956-7.

We are of opinion, therefore, that such effluents must be regarded as potentially dangerous, and we are considering whether means are available and practicable for eliminating or destroying such organisms, or, at least, those giving rise to infectious diseases.

QUESTION III.:—WHAT MEANS SHOULD BE ADOPTED
FOR SECURING THE BETTER PROTECTION OF OUR
RIVERS.

22. From the evidence which we have received, from our own observation, and from information collected for us by the Local Government Board for Scotland, we are satisfied that the Rivers Pollution Prevention Act, 1876, has not resulted in the general purification of our rivers.

Protection
of Rivers.
Curphey,
1822.
Frankland,
3010.

Tatton, 254.
Curphey,
1808;
1825-6.
Roscoe,
3768.

23. This is due largely to the reluctance of the authorities to put the Act in force, but partly also to the difficulty which a sanitary authority experiences in proving that the pollution within its district comes from the district against which, or the person against whom, action is taken. An authority wishing uniformly to enforce the Act in its own district has no security that the authorities above and below it on the stream will do the same, and it is therefore naturally disinclined to take action.

24. The Local Government Act, 1888, Section 14 (1) and the Local Government (Scotland) Act, 1889, Section 55 (1), give to County Councils of England and Wales and Scotland "power in addition to any other authority to enforce the provisions of the Rivers Pollution Prevention Act, 1876, in relation to so much of any stream as is situate within or passes through or by any part of their county."

25. This concurrent power of the County Council does away with the difficulty of proving pollution within a district from a source within the area of the county, though outside the district, and it should insure equal and fair treatment for all authorities and persons within the county. Several county councils are putting the Act into operation and are making good progress.

26. Section 14 (3) of the Act of 1888 provides that "The Local Government Board by Provisional Order made on the application of the council of any of the counties concerned may constitute a Joint Committee or other body representing all the administrative counties through or by which a river, or any specified portion of a river, or any tributary thereof passes, and may confer on such committee or body all the powers of a sanitary authority under the Rivers Pollution Prevention Act, 1876, or such of them as may be specified in the Order," and similar powers are conferred on the Secretary for Scotland by Section 55 (3) of the Local Government (Scotland) Act, 1889.

Tatton, 256.
Scudder,
497; 6149.
Naylor, 845
Maclean
Wilson,
1175-6.
Roscoe,
3554.
Hibbert,
7885-7.

27. Under the Local Government Act, 1888, the Mersey and Irwell Joint Committee, the Ribble Joint Committee, and the West Riding Rivers Board have been constituted. The evidence shows that these bodies have done much useful work in enforcing the treatment of sewage and trade refuse, and that it is of considerable importance to have for each watershed a single authority.

The advantages a county has in enforcing the Rivers Pollution Prevention Act, 1876, are also possessed by a

Joint Committee of more than one county, and are increased in proportion to the wider area.

28. But those councils or committees of more than one county who are enforcing the Act feel the injustice of compelling their authorities and manufacturers to purify their effluents, whilst in other parts of the country and over wide areas little or nothing is being done. Tatton, 273.

29. Previous Commissions have referred to the necessity of setting up watershed boards, and otherwise strengthening the machinery for the protection of our rivers, as the following extracts will show:—

EXTRACTS from Second Report of the Commission appointed in 1857 to inquire into the best mode of distributing the sewage of towns.

“ We have now to urge, as the first and all-important
“ step towards securing this object and the permanent im-
“ provement and protection of the rivers of the country,
“ that a general local jurisdiction and conservancy be
“ created throughout the kingdom, with adequate powers
“ and proper guarantees for their due administration.” Page 9.

* * * *

“ The abuses and nuisances which have now grown up
“ with the growth of towns and manufactures urgently
“ demand some available law for the conservancy of rivers,
“ from their sources to their outfalls.”

* * * *

“ Having now fully stated our conclusions as to the
“ means of disposing of the sewage of towns, and shown
“ that the remedies for the evils which are experienced,
“ although various, are both practicable and economical,
“ we beg to repeat our conviction that the only security
“ for a general and continued employment of such means
“ will be the establishment of responsible conservancies
“ throughout the country, armed with adequate powers.” Page 40.

EXTRACTS from First Report of the Commissioners appointed in 1865 to inquire into the best means of preventing the Pollution of Rivers.

“ We also humbly submit the following Recommenda-
“ tions to Your Majesty:— Page 32.

“ That the whole river be placed under the super-
“ intendence of one governing body.”

“ That it be made incumbent upon the Conservators
 “ to see to the enforcement of the above prohibitions against
 “ pollution of the river. . . .”

EXTRACTS from Third Report of the Commissioners
 appointed in 1865 to inquire into the best means of
 preventing the Pollution of Rivers.

Page 53.

“ Where manufactures have been established and a
 “ large resident population has grown up as before stated,
 “ the greatest amount of pollution takes place, the area of
 “ country over which such form of nuisance is spread
 “ having no defined boundary other than the dividing ridges
 “ of such watershed and the shores of the sea. In order
 “ to prevent the Pollution and legally control the Manage-
 “ ment of rivers, their basins or watersheds must be placed
 “ under supervision, irrespective of any arbitrary divisions
 “ of County, Parish, Township, Parliamentary, Municipal,
 “ or Local Government Act boundaries ; or, indeed, of any
 “ artificially established division. Running waters flow on
 “ from their source to the Sea, and if the upland waters
 “ are polluted by town sewage and by refuse discharged
 “ from manufactures, as in the West Riding of Yorkshire,
 “ the entire length of the river is necessarily polluted, and
 “ will require to be Conserved or protected.”

Page 54.

“ One conclusion, therefore, forces itself upon anyone
 “ who honestly deliberates upon the existing state
 “ of things in regard to the Rivers we have visited with a
 “ view to its permanent improvement. A stronger power
 “ than has hitherto been available must be brought to bear
 “ if the present abuse and pollution of streams is to be
 “ arrested, and Government supervision and inspection
 “ must enforce and strengthen the action of local author-
 “ ities.”

EXTRACT from First Report of the Commissioners
 appointed in 1868 to inquire into the best means of
 Preventing the Pollution of Rivers.

*Separate Conclusions and Recommendations by Major-General
 Sir William Denison, K.C.B., Chairman.*

Page 132.

“ The evidence we have had of the total disregard of
 “ mere legal enactments which tend to fetter the actions of
 “ masses of people, of the constant evasions of obligations
 “ imposed by law, of the inefficiency of the law, even when
 “ means have been found to bring it into action, to enforce
 “ the adoption of any special remedy for the evils com-
 “ plained of, has satisfied me that it will be necessary to call
 “ into action an authority superior to all those local

“municipalities, embracing in its scope the whole area
“of the watershed subdivided among these bodies, and to
“confer upon such authority powers differing both in kind
“and degree from that exercised by ordinary municipalities
“or conservancies.”

EXTRACT from Third Report of the Commissioners
appointed in 1868 to inquire into the best means of
Preventing the Pollution of Rivers.

“RECOMMENDATIONS.”

“3. That all rivers and streams in England be placed Page 56.
“under the superintendence of a central authority or board
“to be composed of not more than three persons, who
“shall be duly qualified to deal with all questions connected
“with the pollution of water and with water supply.”

“4. That it be the duty of this board to see that all
“enactments relating to the use or abuse of running water
“be duly enforced; and that for this purpose power be
“given to it to inspect manufactories; reservoirs, sewerage,
“and other similar works; and to cause to be constructed
“at the expense of the owners of the same, whether cor-
“porate or private, any necessary purifying apparatus, in
“case the said owners neglect or refuse to provide such
“apparatus for themselves.”

CONCLUSION 3.

30. We consider it of the utmost importance that
the simplest possible means should be provided for ade-
quately protecting all our rivers, and we are further of
opinion that it will be desirable, probably for some time to
come, that scientific experiments should be carried on in
order to ascertain all the real dangers of pollution, against
which they should be protected.

In the present state of knowledge, and especially of
bacteriology, it is difficult to estimate these dangers with
any accuracy, and it seems quite possible that they should
be either exaggerated or undervalued according to the
predisposition of those who have to deal with them. An
authority, guided by medical considerations, might not
unnaturally be inclined to insist on a degree of purity
which may ultimately prove in certain cases to be uncalled
for, while another authority, with its mind fixed upon
economy, might shrink from taking essential precautions.

31. It is perhaps, scarcely for us to say what arrange-
ments should be made, but we are of opinion that the

general protection of our rivers is a matter of such grave concern as to demand the creation of a separate commission, or a new department of the Local Government Board, which shall be a Supreme Rivers Authority, dealing with matters relating to rivers and their purification, and which, when appeal is made to them, shall have power to take action in cases where the local authorities have failed to do so.

32. We cannot conclude this Report without referring to the very serious loss which we sustained by the death of Sir Richard Thorne Thorne at a comparatively early stage of our Inquiry. He was a most active member of the Commission, and his advice and help were invaluable.

(Signed) IDDESLEIGH.
C. PHIPPS CAREY.
CHARLES P. COTTON.
M. FOSTER.
T. WALTER HARDING.
T. W. KILLICK.
WILLIAM RAMSAY.
JAS. B. RUSSELL.
W. H. POWER.

F. J. WILLIS, Secretary,
12th July 1901.

Shewing SANITARY WORK done in the SANITARY INSPECTORS' DEPARTMENT during the year 1900, in the COUNTY OF WORCESTER.

SUMMARY OF REPORTS.

[illegible]

Table XIX., showing Populations, Birth-rates, and Death-rates for 1900.

URBAN DISTRICTS.

DISTRICT.	Population (Census 1901).	Birth rate per 1000 of Population.	Net Death rate per 1,000 of Population.	Infantile Mortality per 1,000 registered births.	Phthisis death rate per 1,000 of Population.	Respiratory death rate per 1,000 of Population.	Cancer death rate per 10,000 of Population.	Mortality per 1,000 of population for						
								Smallpox.	Measles.	Scarlatina.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.
Bewdley Borough - - -	2866	24·6	17·7	98	0·34	2·7	10·4	0·0	0·3	0·0	0·0	0·0	0·0	0·0
Bromsgrove - - -	8416	24·3	18·0	96	1·0	2·5	10·5	0·0	0·5	0·11	0·0	0·0	0·11	0·4
Bromsgrove, North - - -	5687	26·4	11·3	69	0·3	1·4	1·8	0·0	0·3	0·18	0·0	0·18	0·0	0·5
Droitwich Borough - - -	4163	25·8	14·7	116	0·6	2·0	9·0	0·0	0·0	0·0	0·2	0·4	0·0	0·2
Evesham Borough - - -	7108	27·7	17·0	146	0·9	3·0	7·0	0·0	0·7	0·0	0·0	0·0	0·2	0·3
Kidderminster Borough - - -	24692	24·0	21·6	171	1·2	4·5	10·0	0·0	0·6	0·08	0·8	0·12	0·12	0·28
King's Norton and Northfield - - -	57120	27·5	12·2	130	0·9	2·5	7·0	0·0	0·3	0·05	0·2	0·11	0·2	0·2
Lye and Wollescote - - -	10972	32·9	17·3	150	0·2	2·4	7·0	0·0	2·3	0·4	0·17	0·4	0·17	0·6
Malvern - - -	16448	19·1	12·8	99	0·5	1·8	11·0	0·0	0·06	0·0	0·12	0·0	0·06	0·12
Oldbury - - -	25191	36·5	20·6	223	0·7	5·8	4·0	0·0	1·5	0·1	0·03	0·4	0·3	0·5
Redditch - - -	13493	28·0	18·8	198	1·7	3·7	6·0	0·0	0·5	0·0	1·1	0·2	0·07	1·5
Stourbridge - - -	16302	28·3	18·2	164	0·7	3·7	6·0	0·0	0·2	0·1	0·1	0·3	0·1	0·06
Stourport - - -	4529	22·2	11·1	98	0·7	1·8	3·6	0·0	0·0	0·0	0·0	0·0	0·18	0·18

RURAL DISTRICTS.

Bromsgrove - - -	12086	23·5	12·9	93	0·8	2·0	5·0	0·0	0·0	0·0	0·08	0·16	0·0	0·4
Droitwich - - -	12932	22·3	12·9	72	0·5	2·9	8·3	0·0	0·0	0·0	0·5	0·06	0·12	0·06
Evesham - - -	7584	31·0	14·4	76	1·2	1·6	7·0	0·0	0·01	0·0	0·0	0·5	0·01	0·0
Feckenham - - -	5532	22·4	16·5	124	1·7	2·3	11·0	0·0	0·0	0·0	0·1	0·6	0·0	0·1
Halesowen - - -	23574	34·2	13·3	121	0·5	2·2	3·0	0·0	1·5	0·03	0·2	0·12	0·0	0·2
Kidderminster - - -	10111	24·7	14·3	146	1·0	1·9	7·0	0·0	0·0	0·0	0·09	0·3	0·09	1·1
Martley - - -	12941	23·3	15·7	120	0·6	2·8	8·0	0·0	0·1	0·0	0·1	0·2	0·07	0·1
Newent (part) - - -	1195	19·9	14·5	192	0·8	7·6	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Pershore - - -	12813	24·7	18·1	98	1·2	3·1	6·0	0·0	0·07	0·0	0·15	0·22	0·0	0·22
Rock - - -	2150	22·2	13·9	156	0·4	1·7	4·0	0·0	0·0	0·0	0·0	0·0	0·0	0·4
Shipston-on-Stour - - -	4701	22·0	16·3	156	0·6	2·2	6·0	0·0	0·0	0·0	0·0	0·4	0·0	0·2
Stow-on-the-Wold (part) - - -	292	20·8	2·6	0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Tenbury - - -	4838	25·1	12·4	112	0·4	1·6	8·0	0·0	0·0	0·2	0·0	0·0	0·0	0·2
Tewkesbury (part) - - -	2293	20·1	13·2	100	0·4	1·2	0·0	0·0	0·0	0·0	0·4	1·6	0·0	0·0
Upton-on-Severn - - -	14271	25·0	16·6	131	1·0	3·1	7·0	0·0	0·0	0·0	0·1	0·9	0·0	0·07
Winchcombe (part) - - -	1116	39·6	7·9	0	0·0	7·9	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Yardley - - -	33947	28·2	12·5	122	1·1	2·6	6·0	0·0	0·02	0·0	0·0	0·5	0·2	0·6

